

ASHBOURNE SWIM CLUB, PO Box 175, Claymont, DE 19703

NEW Member Application 2009

APPLICANT – PLEASE PRINT			
Name: _____		Phone: _____	
Address: _____ Street		E-mail: _____	
City	State	Zip	
<input type="checkbox"/> NEW MEMBER – Summer Trial Bond included in Dues and Fees Your included trial bond will be applied towards the full member bond if you continue to be an active member. Balance is payable over the next 4 consecutive years at \$87.50/yr (or less – see New Members Choice). <i>Bond Payments are non-refundable unless bond is paid in full</i>			
HOUSEHOLD MEMBERS - All members listed MUST be living at the address noted above			
ADULTS (16 and over)		CHILDREN (15 & under)	
		Age (as of 9/1/09)	
1)	F/M	1)	F/M
2)	F/M	2)	F/M
3)	F/M	3)	F/M
4)	F/M	4)	F/M
NON-HOUSEHOLD MEMBERS - You may have no more than 2 non-household members at \$150.00 each. This provision is for babysitters, grandparents, etc. (Must be approved by Membership Chairperson)			
1)	F / M	AGE:	
2)	F / M	AGE:	
DUES AND FEES – Children who are NOT 3 years of age prior to Sept. 1, 2009 are free			
<input type="checkbox"/> SINGLE MEMBER - \$395	<input type="checkbox"/> 4 MEMBERS - \$535	<input type="checkbox"/> ADDITIONAL MEMBERS # _____ @ \$20 EA	
<input type="checkbox"/> 2 MEMBERS - \$445	<input type="checkbox"/> 5 MEMBERS - \$555	<input type="checkbox"/> 1 NON-HOUSEHOLD - \$150	
<input type="checkbox"/> 3 MEMBERS - \$490	<input type="checkbox"/> 6 MEMBERS - \$575	<input type="checkbox"/> 1 NON-HOUSEHOLD - \$150	TOTAL - \$ _____
<input type="checkbox"/> I WILL PERFORM 6 HOURS OF MAINTENANCE OR <input type="checkbox"/> I WILL PAY MAINTENANCE ASSESSMENT \$75 <input type="checkbox"/> I REQUEST WAIVER – bondholder and members are 60 or older OR physically unable to do requirement please submit proof of age, statement of cause or doctor's note for waiver			\$ _____
GUEST CARD BOOKLET (10 Guest Passes – daily rate is \$8.00)		\$ 50.00	\$ _____
CREDIT CARD PAYMENT (\$20 charge applies for payment by credit card)		\$ 20.00	\$ _____
NEW MEMBERS CHOICE (expires 6/20/09)		-\$100.00	\$ _____
<input type="checkbox"/> accept \$150 credit towards full bond OR <input type="checkbox"/> subtract \$100 from this years fees (reduces your bond payment to \$50/yr over next 4 yrs)			
There will be a \$30 fee for any check returned for insufficient funds			FINAL TOTAL \$ _____
Under penalty of suspension of club privileges and forfeiture of all fees paid, I declare that all members listed above are residents at the address listed. Credit card payment: I authorize use of the below valid card as payment for membership.			
SIGNATURE: _____		DATE: _____	
PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS			
CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____			
HOW DID YOU HEAR ABOUT ASHBOURNE SWIM CLUB?			
<input type="checkbox"/> MAILING <input type="checkbox"/> WEBSITE <input type="checkbox"/> CURRENT ASHBOURNE MEMBER <input type="checkbox"/> OTHER			
If you were referred by a current member, please enter that person's name so they may receive proper credit			
NAME: _____		ADDRESS: _____	