

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

NEW Member Application 2010

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 <i>Bond Payments are non-refundable unless bond is paid in full (value of bond is \$400)</i>		
HOUSEHOLD MEMBERS - All members listed MUST be living at the address noted above		
ADULTS (16 and over)	CHILDREN (15 & under)	Age
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 UNDER 3 years of age prior to Labor Day are exempt		
BELOW AMOUNTS ARE A \$175 SAVINGS OVER REGULAR RATES!		
<input type="checkbox"/> SINGLE MEMBER - \$295	<input type="checkbox"/> 4 MEMBERS - \$435	<input type="checkbox"/> ADDITIONAL MEMBERS # _____ @ \$20 EA
<input type="checkbox"/> 2 MEMBERS - \$345	<input type="checkbox"/> 5 MEMBERS - \$455	
<input type="checkbox"/> 3 MEMBERS - \$390	<input type="checkbox"/> 6 MEMBERS - \$475	
		TOTAL - \$
NON-HOUSEHOLD MEMBERS – (2 max)	__ x \$150 =	\$ _____
GUEST CARD BOOKLET (10 Guest Passes – daily rate is \$8.00)	\$ 50.00	\$ _____
CREDIT CARD PAYMENT (\$25 convenience fee applies for credit card payment)	\$ 25.00	\$ _____
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"/> FACEBOOK OR TWITTER <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: _____