

# Little Falls Swimming Club

PO Box 5579, Washington, DC 20016-1179

## Application for Membership *(updated June 2010)*

So that we can contact you, please print legibly. Please enclose a check for \$50 to cover the application fee. In the future please notify us if your contact information (address, phone, or email) changes. If we cannot reach you it may impact your ability to become a member of the Club. You can update your information via correspondence to the above address or the website [www.littlefallsswimmingclub.com](http://www.littlefallsswimmingclub.com).

Applicant Name: \_\_\_\_\_  
(note: this name will be the "Member of Record" and all pool records will be kept in this name)

Full Name of Spouse/Partner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Date Residence Established (mo/yr): \_\_\_\_\_ Do you rent \_\_\_\_\_ or own? \_\_\_\_\_

### Occupations:

Applicant's: \_\_\_\_\_ work phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse/Partner's: \_\_\_\_\_ work phone: \_\_\_\_\_

Employer: \_\_\_\_\_

### Birth Dates

Applicant's: \_\_\_\_\_ Spouse's: \_\_\_\_\_

### Relatives/Dependents Living in Household:

	<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify that the above information is true and correct as of this date:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date