

URBANNA SWIM CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Spouse's Name:

Home Phone:

Current address:

City:

State:

ZIP Code:

E-mail:

Applicant
Work or
Cell Phone

Spouse
Work or
Cell Phone

CHILDREN UNDER THE AGE OF 22

Name

Date of Birth

HOW DID YOU HEAR ABOUT URBANNA?

SUBMIT APPLICATION

HOW DID YOU HEAR ABOUT THE POOL?

Current Urbanna Member – Please list name: _____

Web site

Pool Sign

Advertisement - please specify _____

Brochure/ Flyer

Open House

Other: _____

Via Postal service
Urbanna Swim Club
P. O. Box 3242
Manassas, VA 20108
Attn: Membership Chairman

Or

Via e-mail:
urbannaswimclub@comcast.net
Subject Line: Membership Chairman

SIGNATURES

I authorize the verification of the information provided on this form and agree that all members (applicant & spouse, and children) will abide by the rules and regulations.

Signature of applicant:

Date:

Signature of spouse :

Date:

MEMBERSHIP CHAIRMAN/TREASURER USE

Contact Dates:

Initiation Fee:

Dues:

Membership Agreement Complete: