

# Colony West



S W I M C L U B

Phone 546-2780

The undersigned hereby submits application for membership and agrees to pay the required fees with the application.

**PLEASE PRINT OR TYPE**

TYPE OF MEMBERSHIP: FAMILY \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_  
(Last, First, Middle I.)

NAME OF SPOUSE \_\_\_\_\_ OR INDIVIDUAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(Street, City, Zip Code)

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_  
(Name)

<u>NAMES OF CHILDREN LIVING AT HOME*</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____
_____	_____

OTHER PERMANENT RESIDENT OF HOUSEHOLD\* \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

Your membership entitles you to the full privileges and benefits of the pool facilities of Colony West Swim Club subject to rules and regulations.

Please sign the application and return it with your check to Colony West Swim Club by the requested due date.

**THIS MEMBERSHIP IS NOT TRANSFERABLE**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\*Proof of residency is required for any adult children (age 22 and older) or for any other permanent resident of household (i.e. grandparents, nannies, etc.). Examples of proof of residency would be a copy of a current driver's license, voided personalized check, etc. Please submit proof with this application.