

For Willowood Use
Bond # _____
MS# _____



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MEMBERSHIP APPLICATION

Membership Type Requested Family Couple Single

Name of Bond Holder (18+) _____ Date of Birth _____

Please check this box if this person is a non-swimming adult for a child's membership

Street Address _____

City, State, and zip _____

Telephone No. _____ Email Address _____

Name of Second Adult _____ Date of Birth _____
(if applicable)

Telephone No. _____ Email Address _____

Must reside at the same address as above. ID maybe required.

Please check this box if this person's name should also appear on the bond certificate

Children

All children must be unmarried resident. Under the age of 21. OR Over 21 AND full-time students

Name of Children	Date of Birth	Name of Children	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL OPTIONS

Other Resident Adult _____ Date of Birth _____ (\$85)

Other Resident Adult _____ Date of Birth _____ (\$85)

Caregiver (18+) (non-resident) _____ Date of Birth _____ (\$85)

Grandchild (non-resident) _____ Date of Birth _____ (\$50)

Grandchild (non-resident) _____ Date of Birth _____ (\$50)

These ADD ON MEMBERS are attached to your membership. They can only visit the pool with someone else from your membership. They are not able to bring in their own guests.

Check the boxes that apply.

Family Bond	\$300	<input type="checkbox"/>	Family Dues	\$125	<input type="checkbox"/>
Couple Bond	\$300	<input type="checkbox"/>	Couple Dues	\$85	<input type="checkbox"/>
Single Bond	\$150	<input type="checkbox"/>	Single Dues	\$42.50	<input type="checkbox"/>

Include any 'Add on' member costs to your total

TOTAL \$ _____ CHECK# _____

The undersigned hereby submit application for membership in the Willowood Swim Club and agree that if accepted they will abide by the rules, regulations, and by-laws of the Corporation. Signature of Parent or Legal Guardian indicates responsibility of all rules and club by-laws. It is understood that there are no set membership dues, but that the costs of operation will be billed proportionally each year. The membership fee should accompany this application. In event the membership is withdrawn up to 75% of the membership fee will be returned when the conditions specified in the by-laws are met.

Signature of Applicant _____ Date _____
(parent or legal guardian if under 18)

Signature of Co-Applicant _____ Date _____
(if applicable)

Please make checks payable to 'Willowood Swim Club'. There will be a \$25 fee for returned checks.
Send application and payment to Willowood Swim Club P.O. Box 121 Elizabethtown, PA 17022