



Membership Application

Name _____ Email _____

Address _____ Phone _____

_____ Cell _____

Emergency contact _____ Phone _____

I wish to apply for membership at Rock Spring Swim Club, Inc. and I understand that:

1. I must include a \$35 application fee, payable to Rock Spring Swim Club, which is non-refundable and sent to **Rock Spring Swim Club, PO Box 282, Forest Hill, MD, 21050**;
2. My name will be placed on a waiting list based upon the date I apply;
3. If I decline the offer of membership, my name will be placed at the end of the waiting list;
4. If I decline an offer of membership for two (2) consecutive years, my name will be removed from the waiting list and I must reapply;
5. To accept membership, I must pay a non-refundable initiation fee of \$435 (or as set each year by the board of directors);
6. I am then responsible for payment of an annual membership fee of \$470 (or as set each year by the board of directors) until I request termination of my membership and it is transferred to a new member;
7. All members are required to adhere to the Club's operating rules and regulations, a copy of which will be made available to me.

PLEASE NOTE: Rock Spring Swim Club (hereinafter referred to as "The Club") has only one class of membership. Use of The Club facility and other Club privileges extends to all persons residing in the **same household** as The Club member and who are **financially dependent** upon The Club member, **EXCLUDING** adult children over the age of 25 (unless physically or mentally disabled); parents; grandparents or other family members who are not **legal dependents** of The Club member; or household guests/friends of The Club member. Adults living together who jointly hold a Club membership are both entitled to the privileges associated with the Club membership.

Members	Age	Date of Birth

FOR CLUB USE ONLY

Date applied: _____

Check #: _____

**Updated November 2009 (all previous versions rescinded)*