

DATE: \_\_\_\_\_

\*\*\*\*\*

Claremont North Swim Club  
P.O. Box 792  
Claremont, California 91711  
909-624-0509

[www.claremontnorthswimclub.com](http://www.claremontnorthswimclub.com)

\*\*\*\*\*

## Application for Membership

Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
(Required)

Office Phone: \_\_\_\_\_  
(Optional)

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

Adult's First Names: \_\_\_\_\_

### Children's First Names & Ages:

Name	Age
1.	
2.	
3.	
4.	

**I have read and agree to abide by the rules and regulations governing operations of the Claremont North Swim Club. I understand that dues are \$580 per year and that all memberships require payment of one year's dues in advance.**

Applicant Signature: \_\_\_\_\_

*Please complete this form and return it along with a check in the amount of \$580 to the address above. For further questions, please call 909-624-0509 or visit the website at [www.claremontnorthswimclub.com](http://www.claremontnorthswimclub.com).*