

DATE: _____

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

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 \$570 per year and that a new membership requires 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 \$570 to the address above. For further questions, please contact Cindy or Kevin Cavanaugh, at 909-593-2423.