



APPLICATION FOR MEMBERSHIP

Date Submitted: _____

Last Name: _____ First Name: _____

Dr./Mr./Mrs./Ms./Miss (circle one) Occupation: _____

Last Name: _____ First Name: _____

Dr./Mr./Mrs./Ms./Miss (circle one) Occupation: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

List the names and birth dates of your dependent children under the age of 26 who reside at the above address:

Name	Birthday	Name	Birthday
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate the names of any current club members with whom you are acquainted:

How did you hear about Stonecrest?

Please make your check payable to: STONECREST SWIM CLUB and mail with this application to:

Jessica Beller, 1732 Brandywine Road, Allentown PA 18104

For more information, please contact Kristen at StonecrestMembership@gmail.com

I hereby make application for membership to Stonecrest Swim Club, Inc. and, if elected to membership, I agree to subscribe to and abide by the provisions of the rules and regulations and bylaws of the club as set forth by the Board of Directors.

_____ **Signature & Date**

For use by membership chair:

Date rec'd: _____ Check #: _____ Check Amt.: _____ Bond Amt.: _____ Dues Amt.: _____

Date competed: _____

Welcome Email: _____ Spreadsheet: _____ Google Group: _____ Wave Accounting: _____

Bond Sent: _____ Bond #: _____