

# Kemp Mill Swim Club

## 10-Week Trial Membership Form

Welcome to Kemp Mill Swim Club. Please fill out this form completely and accurately. The information will only be used for our member database. Remit payment to our treasurer:

Stacy Menendez/Kemp Mill Swim Club  
1905 Ventura Ave  
Silver Spring, MD 20902

Contact **Leslie Manzon** at (301) 933-3198 or lesliemanzon@aol.com, if you have any questions regarding your membership.

The 10-week trial membership is for **NEW MEMBERS ONLY**. Area residents are encouraged to try our pool and receive full member benefits. They may also enroll their children in Kemp Mill Swim Team. This type of membership delays the purchase of a share in the pool one year. A share must be purchased the following year and membership dues must be paid in order for membership to continue.

<u>MEMBERSHIP TYPE</u>	<u>COST</u>	<u>AMOUNT DUE</u>
Single (adult over 18 yrs old)	\$300.00	_____
Double (two people, at least ONE adult)	\$300.00	_____
Family (3 or more individuals with a maximum of 2, ages 22 or older)	\$300.00	_____
Each additional family member 22 or older on 5/26/10 residing in the home who will use the pool	\$ 75.00	_____
	<b>Total Due</b>	_____

**A \$25.00 fee will be charged for bounced checks.**

↓ **IMPORTANT: COMPLETELY FILL OUT THIS SECTION BELOW** ↓

Adult 1 \_\_\_\_\_ Adult 2 \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-mail address \_\_\_\_\_

<u>OTHER INDIVIDUALS IN THE HOUSEHOLD</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I certify that the names listed above are those in my family actually residing in my household.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)