

KINGS RIDGE SWIM CLUB MEMBERSHIP APPLICATION & Proof of Membership

MEMBERSHIP INFO: WWW.KRSWIM.ORG 703-425-4543

Last Name:	Email:	Member #
Address:		City:
Home Phone:	Alt. Phone:	Zip:

Adults (18 years or older) residing at the above address

Name (include last if different from above)	Cell

Children residing at above address, Please include their age

Name (include last if different from above)	Age

Special needs: _____

I CERTIFY that all members listed above maintain their primary residence at the address above. I also certify that I have been afforded an opportunity to review the pools operating rules and by-Laws and have any questions or concerns discussed with a board member.

Signature: _____ **Date:** _____

2010 Membership (Check One): Family \$450 Couple \$350 Individual \$250

Extras: Guest pass card \$25 _____ **Donation Amount:** _____

Total _____

Please retain a copy of this document as proof of payment and to exercise your rights at membership meetings.

Join by April 1, 2011 and receive a free guest pass, a \$30.00 value!