

HIGH POINT SWIM CLUB
APPLICATION FOR MEMBERSHIP "2021"



Date of Application ____/____/____

Adults

1. _____ 2. _____

Dependent Children

Birthdate:

Birthdate:

1. _____ / ____/____ 4. _____ / ____/____

2. _____ / ____/____ 5. _____ / ____/____

3. _____ / ____/____ 6. _____ / ____/____

Home Address _____

Email _____ Telephone #s _____

How did you hear about us? If you were referred to High Point by one of our members, please indicate their name:

Fee Schedule

Annual Dues, first Family Member (must be 21 years or older) \$375.00 375.00

Each Additional Family Member over age 3 50.00 x ____ = _____
(born before 5/30/18)

Onetime Initiation Fee – Initiation Fee is a non-refundable charge _____
Save \$50 with 1 Payment of \$250.00 **or** 3 Annual Payments of \$100.00

Total = _____

I understand that the initiation fee is non-refundable.

Applicant's signature

Please mail this application and appropriate fees to:

“High Point Swim Club”

P.O. Box 7182

Wilmington, DE 19803

Questions? Contact: Beth to_bg@yahoo.com | 302-388-1572