Name of Applicant			DOB	
Street	reet Phone number			
CitySta		Z	/ip	
Email				
*Please print name, I membership.	OOB, and relationship of spouse a	and dependents under th	ne of age of 23 (unmarried) included ir	
First Name	Last Name	DOB	Relationship	
First Name	Last Name	DOB	Relationship	
First Name	Last Name	DOB	Relationship	
-irst Name	Last Name	DOB	Relationship	
-irst Name	Last Name	DOB	Relationship	
First Name	Last Name	DOB	Relationship	
First Name	Last Name	DOB	Relationship	
Membership Types	DUES up to May 25, Discount	Dues After May 25	**Membership Fee \$400	
Family	\$285	\$305	Plus \$100 for 4 yrs*	
Single	\$185	\$205	Plus \$100 for 4 yrs*	
living at the o Anyo rega uncl • Single – an in	ent(S)/legal guardian(s) (Maximur same residence one else living in the applicant's h	ome MUST purchase his, sins, nieces, nephews, gr inclusion in a Family Me	andparents, grandchildren, aunts, mbership.	
My signature indicate	s that I have read, understand and Club (available on online or by rec	d will comply with the "R		
Applicants Signature			Date	

Amount Enclosed:		Cash, checks, and Money Orders accepted, make payable to Hummelstown Swim Club	
Dues Membership Fee	\$ \$	Please provide separate payment for the following -	
Total	\$	 Swim Team Swim Lessons Pavilion Rentals 	