

Name of Applicant _____ DOB _____

Street _____ Phone number _____

City _____ State _____ Zip _____

Email _____

***Please print name, DOB, and relationship of spouse and dependents under the of age of 23 (unmarried) included in membership.**

First Name _____ Last Name _____ DOB _____ Relationship _____

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First Name _____ Last Name _____ DOB _____ Relationship _____

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First Name _____ Last Name _____ DOB _____ Relationship _____

Membership Types	Dues up to May 23, Discount	Dues After May 23	**Membership Fee \$400
Family	\$370	\$390	Plus \$100 for 4 yrs
Single	\$195	\$215	Plus \$100 for 4 yrs

Membership Types:

- Family – parent(s)/legal guardian(s) (maximum 2) with unmarried dependent children under the age of 23 living at the same residence
 - Anyone else living in the applicant’s home MUST purchase their own applicable membership regardless of relationship or age. Cousins, nieces, nephews, grandparents, grandchildren, aunts, uncles, babysitters are not eligible for inclusion in a Family Membership.
- Single – an individual person

****Membership Fee:** Paid the first 4 **consecutive** years of membership.

My signature indicates that I have read, understand and will comply with the “Rule and Regulations” of the Hummelstown Swim Club (available on online or by request). The Hummelstown Swim Club Boards reserves the right to review any application for legitimacy.

Applicant’s Signature _____ Date _____

Amount Enclosed:	
Dues	\$ _____
Membership Fee	\$ _____
Total	\$ _____

Cash, checks and Money Orders accepted, made payable to
Hummelstown Swim Club

Please provide separate payment for the following:

- Swim Team
- Swim Lessons
- Pavilion Rentals