



SOUTHGATE SWIM CLUB Membership Application

Family Last Name _____

First Name(s) Adults 1. _____ 2. _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone(s) _____

Cell Phone(s) _____

Email Address(s) _____

Occupation(s) _____

Name(s) and Date of Birth(s) of dependent Children (under age 21)

1. _____ 2. _____

3. _____ 4. _____

I hereby apply for membership in the SOUTHGATE SWIM CLUB, INC.

It is my understanding that as a member I will be entitled to the use of the Club's swimming pool and other athletic and social facilities for myself, my dependents and guests, all in accordance with the By-Laws and Rules & Regulations of the Club.

I understand that upon being accepted as a member, this application, the By-Laws and Rules & Regulations prescribed thereunder shall constitute a contract between me and the Club. By my signature below, I agree to be bound by these By-Laws and Rules & Regulations prescribed therein. I have read the By-Laws and Rules & Regulations.

Applicants Signature _____

Referred by (if applicable) _____

Previous Owner of Membership (if applicable) _____

PURCHASE PRICE: \$250.00 + Dues Collected \$
(Pro-Rated after June 1)

Mail Application to: SOUTHGATE SWIM CLUB, P.O. BOX 138, MT. EDEN, CA 94557

--For office use only--		
M # _____	Add Rstr & Mbr List _____	W/c Ltr _____
Add Email _____	Paid _____	Owes _____
Payments _____	_____	_____