

North Star Swim Club Application for Membership

Name: _____

Address: _____

Development: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Dependent's Names	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References: (Pool Members)

I have read and understand the By-Laws and Operating Rules of the North Star Swim Club, Inc. (available at www.northstarpool.com). I understand that I am responsible for making sure that all of those listed on the membership application and any guests I may bring to the North Star Swim Club follow these rules and guidelines. I understand that small children in the wading pool are the sole responsibility of an accompanying adult or babysitter. I further understand that the failure to follow these rules and guidelines may result in the suspension or revocation of my/our membership.

Signature: _____ Date: _____

Fees Due Upon Acceptance to the Club:

\$450 Bond (refundable when bond is returned) \$75 Initiation Fee \$20 Guest Pass Fee \$215 Annual Dues \$50 Annual Assessment Fee (refundable if volunteer hours are completed) Total \$810 plus \$30 for each child between ages 2 and 18
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These fees are determined by the Board of Directors and are subject to change without notice.

**Please Return to: Membership Director
P.O. Box 1473
Hockessin, DE 19707**

Please make all checks payable to "North Star Swim Club"

(for Committee use only)
Application received on: _____ Check number: _____ Date notified of acceptance: _____
Notes: _____
