

HEART OF THE HILLS SWIM CLUB, INC.
P. O. BOX 80083
ROCHESTER, MI 48308-0083

MEMBERSHIP APPLICATION FORM

BOARD OF GOVERNORS:

The undersigned hereby makes application for membership in the Heart of the Hills Swim Club. Attached is a \$25.00 non-refundable deposit, which will be applied toward the initiation fee upon admission into the Club.

As an applicant, I understand that I will be placed on a waiting list in the order that my application is received and that membership changes are processed year-round. When a current member terminates and a membership becomes available, it will be offered to the next person on the waiting list. Should I choose not to join when invited, my name will be removed from the list.

The following information is submitted in support of this application and to indicate eligibility for membership.

Applicant: _____ Phone: _____

Joint Applicant (spouse of Applicant): _____

Residence Address: _____

City: _____ Zip Code: _____

E-mail address: _____

Children: Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name of any other adult family member living in the household (grandparents, adult children, etc.):

_____ Relationship: _____

The undersigned agrees that, upon admission to membership, he/she will abide by all the rules, regulations and by-laws of the Club.

Signature: _____ Date: _____

- Notes: a) Make all checks payable to HEART OF THE HILLS SWIM CLUB.
b) Upon admission to the Club, a Membership Bond must be purchased. Also, the balance of the initiation fee is due. Upon termination of membership, the bond may be redeemed subject to conditions stated in the by-laws.
c) If you have any questions, please feel free to contact the Business Manager, Barbara Geiger, at (248) 805-1415. Check your waiting list number and club information at <http://hhscswim.org>.

FEES: (as of 03/01/2018 – subject to change)
Refundable: Membership Bond \$1350.00
Nonrefundable: Initiation Fee \$425.00 Yearly Dues \$640 (2018)

For office use only:

Date Received: _____ Invitation Sent: _____ Accepted or _____ Declined

Check # _____ or Cash: _____ Acceptance Date: _____ Date: _____

Wait List # _____ Payment Due: _____ Member Number: _____