

LANSDOWNE SWIM CLUB

P. O. BOX 202
LANSDOWNE, PA 19050-0202
484-461-6990

Email: membershipscl@gmail.com
Website: www.lansdowneswimclub.com



To: Membership Committee of Lansdowne Swim Club

NEW BOND MEMBER: _____ ASSOCIATE MEMBER: _____

FAMILY NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

_____ CELL: _____

E MAIL ADDRESS _____ How did you find out about LSC _____

MEMBERS INCLUDING ADULTS	DATE OF BIRTH	Relationship
--------------------------	---------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We hereby submit this application, to the Lansdowne Swim Club. We agree that, if accepted, we will abide by all the rules, regulations, and the by-laws of the corporation. I/We certify that members listed on this application reside in our home listed above. We also agree that we will aid to the betterment of the Club by service on any of the Committees as asked. We also understand that any associate or Member may be suspended or be expelled for violation of ANY of the Club by-laws, rules or regulations or for acts which are disorderly, injurious or hostile to the interest of the LANSDOWNE SWIM CLUB.

BOND MEMBERS ONLY: I/We understand that at the time of bond redemption, I/We will receive \$250.00 at the time of request less any unpaid fees remaining on my account.

SIGNATURE/S _____