



Membership Application

Applicant's Name: _____

Spouse: _____

Name and birth date of dependant children:

_____ / _____

_____ / _____

_____ / _____

_____ / _____

Address: _____

Phone: _____

Email: _____

Employer(s): _____

Phone: _____

Phone: _____

Physician: _____

Phone: _____

In case of emergency, contact:

Name: _____

Phone: _____

OPTIONAL INFORMATION - How did you hear about Aqua Club?

Drove By

Phone Book

Banquet Hall Visitor

www.AquaClub.Org

Previous Pool / Tennis Guest

Other

Current member (Please include member's name: _____)

The undersigned hereby applies for a full participating membership in the Aqua Club. It is understood that such membership implies acceptance of all the rights, responsibilities and privileges as set out more fully in the Aqua Club Bylaws.

Signature of Applicant

Date

Send payment and application to:
Aqua Club, P.O. Box 82122, Kenmore WA 98028