

**AQUA CLUB ASSOCIATE WINTER MEMBERSHIP**

**(Non-Summer Members)**

**Names of Swimmers**

**Date of Birth**

**Address:**

**Phone number (home):**

**(cell):**

**Email Address:**

**Emergency Contact:**

**PAYMENT**

**Membership fee: \$100 (if not paid in the fall)**

**Single \$200**

**Family \$320**

**Total Paid:**

**Check #:**

**Date:**