

Hy-Crest Swim Club and Recreation Association Inc.
P.O. Box 855 West Chester OH 45071

INDIVIDUAL REGISTRATION

MEMBER ID _____

MEMBER NAME:		
STREET ADDRESS:		
CITY, STATE ZIPCODE:		
HOME PHONE:	CELL PHONE:	EMERGENCY #:
PRIMARY EMAIL:		SECONDARY EMAIL:

INDIVIDUAL MEMBERSHIP INVOICE

	Cash or Check	PayPal
Fees for Summer Season	\$200.00	\$200.00
Sales tax (6.5%)	\$13.00	\$13.00
PayPal Fee	----	\$10.00
Balance due:	\$213.00	\$223.00

I, the undersigned, do hereby apply for an individual membership in the Hy-Crest Swim Club & Recreation Association. I understand that to maintain my membership with swimming privileges, I must pay the annual dues and submit any required paperwork for the current season prior to being allowed access.

I also agree that upon the submission of my membership; will abide by all of the rules, regulations and by-laws of the Club. I thoroughly understand that under no circumstance is any member to permit anyone to use his or her membership identification. If this occurs knowingly, membership privileges will be suspended without refund for the balance of the season.

Signature _____ Date _____

DO NOT DROP YOUR PAYMENT OR FORMS OFF AT THE POOL

1. Make checks payable to: Hy-Crest Swim Club
OR pay via PayPal: [Click here to pay your dues with PayPal](#)
2. Print and sign the completed Registration Form
Mail the form and check (if applicable) to: Hy-Crest Swim Club
PO Box 855
West Chester, OH 45071
OR if you paid via PayPal
Sign the form in your PDF program and email to: HyCrestSwimClub@gmail.com
3. The member is responsible for fees resulting from checks submitted with Non-Sufficient Funds.

Feel free to contact the Membership Coordinator at HyCrestSwimClub@gmail.com with any questions regarding this membership.