

For Office Use Only:

Paid: \$ \_\_\_\_\_

Cash/Check #: \_\_\_\_\_

---

## Membership Application

Mother, Father, and all children living at home are eligible.

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Children \_\_\_\_\_ Ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone (Emergency) \_\_\_\_\_

E-Mail \_\_\_\_\_

**\*\*PLEASE WRITE SEPARATE CHECKS FOR MEMBERSHIP DUES AND SWIM  
TEAM REGISTRATION\*\***

shadylaneswim@gmail.com

Facebook: Shady Lane Swim and Tennis