

MEMBERSHIP
WENONAH SWIMMING CLUB, INC.
P.O. BOX 204
WENONAH, N.J. 08090

I hereby apply for membership in the Wenonah Swim Club. I have enclosed a check for the amount of \$50.00

I understand, however, that this application fee will be returned to me if I withdraw my request for membership, or my application is not approved for membership by the Club's Membership Committee or Board of Trustees.

It is understood that the Club requires a new member to purchase a bond in the Club for \$350. Upon acceptance a bill will be sent for the Bond purchase as well as for the dues of the current season.

In addition to the application fee and Bond purchase, I understand that annual dues are charged and they are paid on a split payment basis (\$100 **ON OR BEFORE OCTOBER 1ST** AND THE BALANCE **ON OR BEFORE APRIL 1ST**). For the first year of membership, my dues are to be paid in full on or before April 1st.

On or before October 1ST of each year I will pay the first \$100 of my dues for the upcoming season. The balance of my membership dues will be paid in full **ON OR BEFORE APRIL 1ST** for the season.

LATE FEES ARE IMPOSED, AT THE RATE OF \$50 PER MONTH, AFTER BOTH PAYMENT DATES. DELINQUENT DUES PAYMENTS ARE BASED ON THE POSTMARKED DATE OF PAYMENT. IF THE TOTAL OF THE LATE FEES EQUALS THE VALUE OF YOUR BOND YOUR BOND WILL BE CONFISCATED AND YOUR MEMBERSHIP IMMEDIATELY TERMINATED.

There is no charge for children under two years of age as of April 1st. Daily guest privileges are afforded to every member with charges on a per diem per request basis.

Thank you for your interest in the Wenonah Swim Club. We are looking forward to having you and your family as members.

I HAVE READ THIS APPLICATION THOROUGHLY AND I COMPLETELY UNDERSTAND THE TERMS REGARDING THE ANNUAL DUES AND THE BOND PURCHASE.

APPLICANT'S SIGNATURE

PLEASE COMPLETE THE FOLLOWING INFORMATION

LAST NAME: _____

BONDHOLDER'S FIRST NAME: _____

SPOUSE'S FIRST NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

_____ ZIP CODE: _____

TELEPHONE: _____

PLEASE LIST CHILDREN BY NAME AND DATE OF BIRTH:

ANY CHILDREN INTERESTED IN JOINING THE SWIM OR DIVING TEAM?

YES _____

NO _____

**PLEASE RETURN THIS PAGE WITH YOUR CHECK FOR \$50.00 TO
P.O. BOX 204, WENONAH, N.J. 08090.
KEEP THE FIRST TWO PAGES FOR YOUR RECORDS.
THANK YOU FOR YOUR INTEREST.**