**West Arundel Swim Club, P.O. Box 682, Laurel, MD 20725**

**Family Membership Application 4/2022**

**FEE: $725 ($300 share + $425 annual dues**)  **Membership ID \_\_\_\_\_\_\_\_\_\_**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby apply for a **Family Membership** in the West Arundel Swim Club, Inc., and agree to pay the family membership fee of **$300.00** for the share, plus the annual dues, which is set forth by the club.

I /We further agree to abide by the By-Laws of the Club, and all rules and regulations, now in effect, or which may from time to time be in effect.

I/We understand that this application is subject to approval by the Board of Directors of the Club, and that membership, once approved, may be terminated by the Board of Directors for any reason as set forth in the By-Laws of the Club.

| **Family Name** |
| --- |
| **Street** | **City** | **Zip Code** |
| **Cell # (Primary)** |  | **Cell # (Secondary)** | **Home Phone** |
| **Email #1** | **Email #2** |

**As stated in WASC By-Laws Article III**-The **Family Membership**, shall include the name of the head of the household/self, your spouse, parents residing with you, senior citizen parents and each of your unmarried children, but shall not include others that reside in the same household. The word children shall mean and include your own children, step-children, children for whom you have been granted legal guardianship and foster children who live with you in a regular parent-child relationship. All members of such family shall enjoy full use of all facilities.

| **First & Last Name** | **Relationship** (Self, Spouse, Partner, Son, Daughter, Grandson, Granddaughter, Grandmother, Grandfather) | **Birth Date****(MM/DD/YYYY)** |
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To the fullest extent permitted by law, I hereby waive any rights I may have to sue the West Arundel Swim Club, it owners, officers, directors, employees, staff members, volunteers, any other club members with respect to personal injury (including death) or property damage suffered by myself, my family or my sponsored guests as a result of our participation in the swim club and hereby release the West Arundel Swim Club from any liability for such injury or damage.

I further understand and agree that the board of Directors of the West Arundel Swim Club reserves the right to discontinue any membership in the West Arundel Swim Club at any time and without compensation for any fees or dues paid by that member.

I further grant full permission to use, without recompense, any photographs, videotapes, motion pictures, recordings, or any other record of this program for the promotion of the West Arundel Swim Club.

| **Signature** | **Date** |
| --- | --- |

**Payment Method: (Check-Cash-Credit/Debit)**

▢ Payment Enclosed (Cash or Check) – **Make check payable to WASC**

▢ I wish to pay by credit/debit card ($15 processing fee)

 Please send an invoice to my email. I understand that payment must be

 received to process my cards.

**How Did You Find Out About Us?**

▢ Member (list name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ Social Media ▢ Website ▢ Signs in Neighborhood

***The West Arundel Swim Club has instituted a returned check fee of $25 per occurrence.***

 ***If your check is returned to the Swim Club marked “insufficient Funds” the issuer will be charged $25 in addition to the original amount of the check.***