

Southwest Swimming Association

Membership Application (Updated 2017)

Please complete this application for membership in the Southwest Swimming Association and submit it with the \$25 application fee to the Membership Chair (see below). Your form will be placed on file in order of date of receipt. Membership in the association is capped at 400 Family and 10 Single memberships. Vacated memberships will be filled from the applications on file.

The undersigned hereby submits application for membership in the Southwest Swimming Association, Inc. and agrees to pay the sum of \$400.00 not later than 10 days after notification of a vacancy in the association. The \$25.00 application fee will be applied toward the sum of \$400.00, but if the membership is not accepted when offered, the \$25 is not refunded.

This \$400 fee for membership is a one-time fee that is refunded when you terminate your membership (hopefully many happy years in the future) and it is separate from annual dues. Annual dues will be due on May 1 of your first year and all other years of your membership. Also due in your first year is a \$100 Capital Assessment, a one-time nonrefundable assessment fee for the recent pool renovations of 2014.

Please print clearly.

I am applying for (check one) _____ Family Membership or _____ Single Membership

Family Last Name (used for filing purposes) _____

Address _____ ZIP _____

E-mail address _____ Phone _____

Member 1 Name (First & Last) _____

Member 1 Occupation _____ Employer _____

Member 2 Name (First & Last) _____

Member 2 Occupation _____ Employer _____

Names of Children (First & Last) _____ Birth year _____

_____ Birth year _____

_____ Birth year _____

The undersigned agrees that upon admission to membership, he/she will abide by all rules, regulations, and by-laws of the association.

Signature of applicant(s) _____ Date _____

This form must be signed by 2 recommending members:

1. _____ 2. _____

Signature

Signature

Please send Completed Application Fee to Membership Chair:

SWSA c/o Abbie Brown

1306 Ridge Road

Columbia, MO 65203

members@swwim.org

FOR OFFICE USE ONLY:

Received by SWSA

App _____ App Fee _____ Date _____

Offer Date _____ Accept Date _____

Membership Fee Paid _____ Date _____

Certificate Sent _____ Date _____