

# Southwest Swimming Association

## Membership Application

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). At this time, we do have a waiting list for membership at Southwest. When an offer of membership is made, you agree to pay the remaining \$375 of your \$400 membership fee within 10 days to accept the offer. If you do not accept the membership when offered, the \$25 application fee is not refundable. But if accepted, the full \$400 membership fee will be refunded when you eventually choose to terminate your membership and leave the pool.

The membership fee is separate from annual dues. Annual dues will be due by 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 fee. If you have questions, please contact the Membership Chair.

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 \_\_\_\_\_

Single Member / Member 1 Name (First & Last) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Birth year \_\_\_\_\_

Member 2 Name (First & Last) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Birth year \_\_\_\_\_

Family Members (First & Last) \_\_\_\_\_ Birth year \_\_\_\_\_

\_\_\_\_\_ Birth year \_\_\_\_\_

\_\_\_\_\_ Birth year \_\_\_\_\_

\_\_\_\_\_ Birth year \_\_\_\_\_

\_\_\_\_\_ Birth year \_\_\_\_\_

\_\_\_\_\_ Birth year \_\_\_\_\_

Family membership is extended to those who reside in the same house on a year-round basis. If you have questions, please contact the membership chair.

The undersigned hereby submits application for membership in the Southwest Swimming Association, Inc. The application will be placed on file in order of date of receipt. Vacated memberships will be filled from the applications on file. When offer of membership is extended, the undersigned agrees to pay within 10 days the additional sum of \$375 (the membership fee). 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*

\_\_\_\_\_  
*Date*

**Please send Completed Application with Fee to Membership Chair:**

SWSA % Membership Chair  
1400 Forum Blvd. Suite 7A #434  
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 \_\_\_\_\_