

Lakeridge Swim Club

P. O. Box 78647, Seattle, WA 98178

206-772-1950 / 206-551-9440

SwimLSC.com

LakeridgeSwimClub@gmail.com

APPLICATION TO MEMBERSHIP WAIT LIST

(To Be Filled in by Office) _____ Date of Postmark

I hereby apply for membership in the Lakeridge Swim Club, Inc., subject to the Bylaws, Rules and Regulations now existing or as hereinafter amended or adopted by the Membership and Board of Trustees, and I deliver, simultaneously with the filing of this application, a non-refundable \$50 deposit towards joining the club.

I agree that I will reply to my invitation to join **within seventy-two (72) hours of notification of availability of membership**. Failure to notify by required date may remove my name from the wait list and a \$50 fee may be assessed to replace my name at the end of the current list.

I agree to pay the annual dues and fees as set forth in the Swim Club Bylaws within seven (7) business days of notification to join. Currently the one-time membership fee is \$500 and annual dues are \$825*

Membership is defined as up to two adults and their dependent children. All members must reside in the same household. Membership does not include adult children and/or their children (or grandchildren) even if residing with the member.

Applicant _____ Phone _____

Spouse/Partner _____ Phone _____

Address _____ City _____ Zip _____

* E-Mail (print clearly) _____

*** If you change your email address, be sure to let us know, as that is how we will contact you when a membership becomes available.**

This agreement shall be binding upon me and upon the Lakeridge Swim Club from the date that this application is received by the Board of Trustees.

Applicant Signature

Date

Please mail this form with your check for \$50 to our PO Box (above) and **keep a copy for your records**. Your postmark date will determine your placement on the wait list.

Please email us with any changes in your contact information during your wait.

* April 2017