

2017

SHER-LE-MON SWIM CLUB
P.O. BOX 55
MANVILLE, RI 02838

I hereby make application for membership in the Sher-Le-Mon Swim Club for the above season.

TYPE OF MEMBERSHIP: FAMILY _____ 2 PERSON _____ SINGLE _____ ASSOCIATE _____
2 PERSON (SENIOR) _____ SINGLE (SENIOR) _____

NAMES:

- 1. _____
- 2. _____

(Name line 2 is for 2nd adult for Family and 2 Person membership types)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

HOME / CELL PHONE _____ OTHER PHONE _____

CHILDREN: (For family membership, list all under 23 years of age, use back if necessary. For single membership and family members under 18 years of age or for associate membership, list birth date.

<u>Name</u>	<u>Birth Date</u>	<u>Name</u>	<u>Birth Date</u>
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

I hereby on behalf of myself, my family, and my guests, our heirs, executors and/or administrators, waive and release any and all rights or claims for damages I may have against Sher-Le-Mon Swim Club, its successors and/or assigns for any and all injuries, losses or damages of any kind whatsoever suffered by me, my family, and my guests while using the facilities of the Club.

RENEWAL _____ NEW APPLICANT _____

Where did you hear about the Swim Club? Web _____ Friend/Family _____ Other _____

Total membership fee or first installment payment must accompany fully completed application.

Dues Payment Method: Total Amount \$ _____ or First Installment payment \$ _____ :

NO REFUNDS

Date _____ Signature _____

Please do not write below the line www.sherlemon.com

Date Received _____ Amount of Check _____ By _____

