

2018

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) ____

Name

Birth Date

- 1.
2.
3.
4.
5.
6.

Please list adults/parents first when applicable, followed by children.

Note for Child information: If family membership, list all under 23 years of age with birth date, use back if necessary. For all other memberships please list birth date for all members under 18 years of age. Please remember to provide proof of age for Senior memberships.

ADDRESS _____ PH1 _____ H / C

CITY _____ STATE _____ ZIP _____ PH2 _____ H / C

E-MAIL _____ PH3 _____ H / C

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

Date Received _____ Amount of Check _____ By _____

**PLEASE INCLUDE WITH
INSTALLMENT PAYMENT 2**

Due no later than April 15, 2018

1. _____
Name: Please Print

2. _____
Street:

3. _____
Town/City State Zip

4. TYPE OF MEMBERSHIP:

Family 2 Person Single Associate
2 Person (Senior) Single (Senior)

5. Amount Enclosed _____ Date _____

**PLEASE INCLUDE WITH
INSTALLMENT PAYMENT 3**

Due no later than May 15, 2018

1. _____
Name: Please Print

2. _____
Street:

3. _____
Town/City State Zip

4. TYPE OF MEMBERSHIP:

Family 2 Person Single Associate
2 Person (Senior) Single (Senior)

5. Amount Enclosed _____ Date _____