

2019

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) \_\_\_\_

First Name Last Name Birth Date

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

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

NOTE - Please remember to provide proof of age with application for Senior memberships.

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.

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, 2019**

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, 2019**

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 \_\_\_\_\_