

2020

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/guardians first when applicable, followed by children.

Note for Child information: Family membership should not include children 23 years of age or older. Those adult children are required to have a separate associate membership and fee which will be an extension of the family membership.

NOTE - Please remember to provide proof of age with application 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 this line

Date Received _____ Amount of Check _____ By _____

**PLEASE INCLUDE WITH
INSTALLMENT PAYMENT 2**

Due no later than April 15, 2020

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, 2020

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 _____