

Membership Number \_\_\_\_\_

## Glen Burnie Park Swim Club – 2017 Trial Family Membership Application

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Remember:*

- All members must have a **current** photo on file **before** accessing club privileges.
- 

| Name  | Date of Birth | Fees |
|---|---------------|------|
| <b>1. List Up to Two Members for Base Membership</b> (Note: First member must be over 21 years of age.) |               |      |
| <small>First and Last Names required for all members</small>  |               |      |

|       |                |          |          |
|-------|----------------|----------|----------|
| _____ | ____/____/____ | \$275.00 | \$275.00 |
| _____ | ____/____/____ |          |          |

|                                   |                |                       |         |          |
|-----------------------------------|----------------|-----------------------|---------|----------|
| <b>2. List Additional Members</b> |                | <b>Ages 2-20 yrs.</b> |         |          |
| _____                             | ____/____/____ |                       | \$25.00 | \$ _____ |
| _____                             | ____/____/____ |                       | \$25.00 | \$ _____ |
| _____                             | ____/____/____ |                       | \$25.00 | \$ _____ |

|                                |                          |  |      |  |
|--------------------------------|--------------------------|--|------|--|
| <b>List additional members</b> | <b>Ages under 2 yrs.</b> |  |      |  |
| _____                          | ____/____/____           |  | Free |  |

Sub Total     \$ \_\_\_\_\_

**Pay Pal Fee     \$10.00**

**Bingo Ticket     \$20.00**

**Enclosed Total     \$ \_\_\_\_\_**

***Please remit payment to:***

Glen Burnie Park Swim Club  
P.O. Box 514  
Glen Burnie, MD 21061

**This membership is an option for the first year of membership only.**

Contact [gbpswimclub@yahoo.com](mailto:gbpswimclub@yahoo.com) for membership payment plans

*I certify that all of the family members applying for membership live at the address listed and have read and agree to abide by the Rules and Regulations and By-Laws of the Glen Burnie Park Swim Club.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

How did you hear about us?    \_\_\_\_ MD Gazette    \_\_\_\_ Flier    \_\_\_\_ Sign    \_\_\_\_ Friend \_\_\_\_\_

| Board Use Only |               |               |                                   |
|----------------|---------------|---------------|-----------------------------------|
| Deposit _____  | Payment _____ | Payment _____ | Paid in Full _____ Rec'd by _____ |

Check this box to receive future membership information electronically.