

BOGOTA SWIM CLUB, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION PLEASE PRINT

Name:		Email:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
BOND HOLDERS NAME:		Cell Phone #	
Current employer:			

EMPLOYMENT INFORMATION

Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Phone:		
Name of Family Doctor:		
Phone:		

SPOUSE INFORMATION FOR FAMILY MEMBERSHIP

Name:		
Date of birth:	SSN:	Phone:

SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:
Name:	Address:	Phone:

CHILDREN IF FAMILY MEMBERSHIP *MUST RESIDE IN HOUSEHOLD

Name	DOB	Name	DOB
Name	DOB	Name	DOB

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. I understand that the Capital Bond refund, upon resignation, that I will be put on a list of resigned members and receive my refund when a new member fills my place. As per the BSC By-Laws.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: