

## 2018 Northwest Swim Club 25 % Special Bonds & Dues Payment

Please **COMPLETELY** fill out this form, **PRINT** it and Mail the printed form with payment to:  
**Northwest Swim Club**  
**P.O. Box 20015**  
**Columbus, OH 43220**

Please fill in the information listed below. If you will be changing address before the summer starts please provide that information in the space provided so that we can update our records. Thank you.

Family Name: \_\_\_\_\_  
 Names on Certificate: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone 1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email 1: \_\_\_\_\_  
 Email 2: \_\_\_\_\_  
 Referred by (Current NWSC member): \_\_\_\_\_

Please list all of the family members that will be on your membership for the 2018 season. Per Northwest Swim Club Policy, at least **one person** on the membership must be **18** or older and all members must live in the same household.

	First and Last Name (please print)	Birthdate (mm/dd/yy)	Gender
1			
2			
3			
4			
5			
6			
7			
8			

**Office Use Only**

**Payment Date** \_\_\_\_\_ **Payment Amount** \_\_\_\_\_ **Check Number** \_\_\_\_\_

**Valid November 24 -December 31, 2017**  
**Payment and forms must be postmarked by 12/31/2017**  
**Make checks payable to Northwest Swim Club**

Type of Membership:	25 % Special Bond & Dues
Single	\$415
Couple	\$475
Family	\$550

If you have any questions regarding fees, please email [Membership@nswimclub.org](mailto:Membership@nswimclub.org).

# APPLICATION FOR MEMBERSHIP

Name(s) of Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, Ohio Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

The undersigned, hereby apply for a certificate of membership NORTHWEST SWIM CLUB, INC. with the following understandings:

1. I (We) understand that this certificate of membership requires a two hundred fifty dollar (\$250) purchase price. The \$250 purchase price to be refunded only as follows: When, and if, I (we) move outside Franklin and Delaware Counties, Ohio, and make applications for refund, the Board of Trustees shall place my (our) name on a Refund Waiting List. The name of the earliest Certificate of Membership Holder who, as determined and approved by the Board of Trustees, has moved outside Franklin and Delaware Counties, Ohio, and makes application for refund, shall be assigned a Refund Application Number and placed on a Refund List. The name of each next succeeding Certificate of Membership Holder who, as determined and approved by the Board of Trustees, has moved outside Franklin and Delaware Counties, Ohio, and makes application for refund, shall thereafter be assigned a Successive Refund application Numbers and placed on the list. Refunds shall be made from this list to the Lowest Refund Application Number Holder, and only as a new Certificate of Membership is purchased, paid for, and issued so as to replace it.
2. I (We) furthermore agree to abide by the Code of Regulations of the Club as adopted, and are subject to suspension or termination or membership rights as provided in the Code of Regulations of the NORTHWEST SWIM CLUB, INC..
3. I (We) furthermore understand that membership in the Club obligates me (us) for the payments of annual dues as established by the Board of Trustees. Failure to pay such dues will result in my (our) membership being terminated without refund, in whole or part, of the purchase price herein.
4. I (We) furthermore understand that I (we) or my (our) executor, administrator, or personal representative may, upon proper application to the Board of Trustees and with consent and approval of the Board of Trustees, transfer my (our) membership to any purchaser acceptable to the Board of Trustees, provided that I (we) am (are) in good standing and my (our) certificate is free and clear of any and all indebtedness to the corporation.
5. Finally, I (we) understand that this application is subject to approval of the Board of Trustees and in the event that my (our) application is not accepted then my (our) entire Deposit will be returned with the Notice of Non-Acceptance.

\_\_\_\_\_  
Signature(s) of Owner(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Certificate will be available for pick up at the pool office.

Certificate # \_\_\_\_\_

Issued on \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer