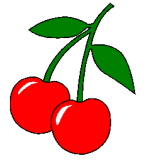


CHERRY VALLEY SWIM CLUB



Church Road ♦ P.O. Box 8568 ♦ Cherry Hill, New Jersey 08002
856-667-8653

DEDICATED TO THE ATHLETIC, RECREATIONAL AND SOCIAL ENJOYMENT OF ITS MEMBERSHIP

CHERRY VALLEY SWIM CLUB 2011 MEMBERSHIP APPLICATION

The undersigned hereby submits this application for membership in the Cherry Valley Swim Club.

Membership Type (please circle one) (Regular / Special / August)

Name _____ Birthdate ___/___/___

Spouse _____ Birthdate ___/___/___

Address _____ Phone # _____

City _____ State _____ ZIP _____

Email _____

1st Child _____ Date of Birth _____

2nd Child _____ Date of Birth _____

3rd Child _____ Date of Birth _____

Others in Household _____ Date of Birth _____

Others in Household _____ Date of Birth _____

Employer _____ Spouse's Employer _____

Phone # _____ Phone # _____

Occupation _____ Occupation _____

Recommended by _____ and _____

(Club members name)

The undersigned understands that:

The application fee will not be applied towards dues. Special memberships must remit an application fee of \$150.00.

Payment of \$450.00 for a family membership certificate will be due to the Club immediately upon availability of a membership. Terms of payments will be established by the Club. The membership certificate is redeemable by the Club in accordance with its By-laws when the membership is relinquished and only when it is sold to a replacing member. **Questions? Please call Pat Rhodes at 856-745-7572.**

By submitting this form, season invoice and making remittance, we agree to abide by all Rules, Regulations, and By Laws of Cherry Valley Swim Club.

SIGNED _____

(Applicant)

(Date)

(Spouse)

(Date)

Please return this form including the 2011 Membership Form and check payable to "Cherry Valley Swim Club". Mail to:

**Maryann Bruno
109 Columbia Blvd
Cherry Hill, NJ 08002
Attn: CVSC Membership**

For any other membership information please contact:

**Pat Rhodes
10 Gatley Ct
Cherry Hill, NJ 08002
Attn: CVSC Membership**