



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

### CHERRY VALLEY SWIM CLUB 2012 MEMBERSHIP APPLICATION

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

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

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

1<sup>st</sup> Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

2<sup>nd</sup> Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Others in Household \_\_\_\_\_ Date of Birth \_\_\_\_\_

Others in Household \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Member Who Recommended You \_\_\_\_\_

The undersigned understands that:

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 2012 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**