MEMBERSHIP APPLICATION

I, the undersigned, and the members of my family listed below, do hereby apply for membership in the Fountain Green Swim Club, Inc. I acknowledge that membership requirements provide that I contribute $_____ as a non-refundable contribution to the club. This is a one time fee.

I understand that I may review the bylaws and rules and regulations of the Corporation prior to presenting this application, should I so desire.

Dues for this application year _____ are $ _____. I acknowledge that annual dues are predicted on equal participation by all member families and may be adjusted by the Board of Directors in accordance with the bylaws.

IT IS FURTHER UNDERSTOOD THAT:

1. Article IV, Section 1A provides that members' dues are payable February 1st of each year.
2. Article IV, Section 2B of the bylaws reads:
   Certificate holders wishing to withdraw from the Club must, in writing, notify the Club prior to 1 January, those not abiding by this rule will be responsible for the annual membership dues for the upcoming season.
3. Upon full payment of the membership fees, I will receive confirmation that my dues have been received and my membership number. The bylaws, which sets forth, more fully, the rights, duties, and obligations of the members, may be viewed at our website, www.fountaingreenswimclub.com.
4. When becoming a member of the club, the risks to be borne by me are limited only to the extent of my investment.
5. All rights acquired by virtue of this agreement are personal and to be undersigned by the Fountain Green Swim Club, Inc.

PLEASE PRINT

_____
Name

_____
Address

_____
City State Zip

_____
Telephone

_____
E-Mail Address

_____
Emergency Contact & Telephone Number

_____
Employer (Male Head of Household)

_____
Employer (Female Head of Household)

Date _____

_____
F.G.S.C. Representative

Dependents' Names for Membership*

_____

_____

Children's Names* Date of Birth

_____

_____

_____

_____

_____

_____

*Those family members who can be claimed as deductions on your Federal Income Tax return only. We depend on your integrity.

_____
Work Telephone Number

_____
Work Telephone Number

_____
Membership Number