

Family Interim Membership Application 4/2022

FEF: 3 yearly payments of \$525 (\$100 towards share + \$425 annual dues)

Membership ID _____

I/We, _____, hereby apply for a **Family Interim Membership** in the West Arundel Swim Club, Inc., and agree to pay the Interim membership fee of **\$100.00** for three years, plus the annual dues, which is set forth by the club.

I/We further agree to abide by the By-Laws of the Club, and all rules and regulations, now in effect, or which may from time to time be in effect.

I/We understand that this application is subject to approval by the Board of Directors of the Club and that membership, once approved, may be terminated by the Board of Directors for any reason as set forth in the By-Laws of the Club.

I/We understand that the Family Interim membership shall be issued to a person who has contracted to purchase a Family Membership, but who has not yet completed payment of the share. The membership chairperson is authorized to negotiate terms of payment with the prospective members, provided that, A.) The full payment must be completed within three years; B.) At least one-third of the payment must be paid to the Club each year; C.) In case of breach of contract on the part of the purchaser, the Club will retain all monies paid by the purchaser. During the period of the Family Interim Membership, the interim members shall be responsible for paying dues equal to the amount charged to Family Members.

For office use	1st Payment		2nd Payment		3rd Payment	
	Date:	Amt:	Date:	Amt:	Date:	Amt:

Family Name		
Street		City
Zip Code		
Cell # (Primary)	Cell # (Secondary)	Home Phone
Email #1	Email #2	

As stated in WASC By-Laws Article III-The Family Interim Membership, shall include the name of the head of the household/self, your spouse, parents residing with you, senior citizen parents and each of your unmarried children, but shall not include others that reside in the same household. The word children shall mean and include your own children, step-children, children for whom you have been granted legal guardianship, and foster children who live with you in a regular parent-child relationship. All members of such family shall enjoy full use of all facilities.

First & Last Name	Relationship <small>(Self, Spouse, Partner, Son, Daughter, Grandson, Granddaughter, Grandmother, Grandfather)</small>	Birth Date (MM/DD/YYYY)

To the fullest extent permitted by law, I hereby waive any rights I may have to sue the West Arundel Swim Club, its owners, officers, directors, employees, staff members, volunteers, any other club members with respect to personal injury (including death) or property damage suffered by myself, my family or my sponsored guests as a result of our participation in the swim club and hereby release the West Arundel Swim Club from any liability for such injury or damage.

I further understand and agree that the board of Directors of the West Arundel Swim Club reserves the right to discontinue any membership in the West Arundel Swim Club at any time and without compensation for any fees or dues paid by that member.

I further grant full permission to use, without recompense, any photographs, videotapes, motion pictures, recordings or any other record of this program for the promotion of the West Arundel Swim Club.

Signature	Date

Payment Method: (Check-Cash-Credit/Debit)

- Payment Enclosed (Cash or Check) – **Make check payable to WASC**
- I wish to pay by credit/debit card (\$15 processing fee)
Please send an invoice to my email. I understand that payment must be received to process my cards.

How Did You Find Out About Us?

- Member (list name) _____
- Returning Trial Member
- Social Media Website Signs in Neighborho

*The West Arundel Swim Club has instituted a returned check fee of \$25 per occurrence.
If your check is returned to the Swim Club marked "insufficient Funds" the issuer will be charged \$25 in addition to the original amount of the check.*