**West Arundel Swim Club, P.O. Box 682, Laurel, MD 20725**

**Annual Family Renter Membership Application 4/2022**

**Before 5/28 - Mail/Drop off -** WASC Membership, 3375 Horsehead So., Laurel, MD 20724.

**Starting 5/28- Drop off** at the pool during operational hours

**FEE: $470.00 Membership ID \_\_\_\_\_\_\_\_\_\_**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby apply for an **Annual Family Renter Membership** in the West Arundel Swim Club, Inc., which is only available to renters only, and agree to pay the Renter Membership fee of **$470.00** annually.

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 this membership expires on Labor Day of the year in which it was signed and is renewable. In order to purchase a Renter Family Membership, the purchaser must provide annual proof of rental status, satisfactory to the Board of Directors.

| **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 Renter 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**  (Self, Spouse, Partner, Son, Daughter, Grandson, Granddaughter, Grandmother, Grandfather) | **Birth Date**  **(MM/DD/YYYY)** |
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To the fullest extent permitted by law, I hereby waive any rights I may have to sue the West Arundel Swim Club, it 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 Renter Member

▢ Social Media ▢ Website ▢ Signs in Neighborhood

***The West Arundel Swim Club has instituted a returned check fee of $25.00 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.***