

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

Family Trial Membership Application 4/2022

FEE: \$460.00

Membership ID _____

I, _____, hereby apply for a **Family Trial Membership** in the West Arundel Swim Club, Inc., and agree to pay the Trial Membership fee of **\$460.00** which consists of \$425.00 annual dues, \$25.00 initiation fee, and \$10.00 membership fee.

I 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 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, and is not renewable. However, should I/We decide to convert this membership to an Interim Family Membership before Labor Day, I/We may do so, in consideration of an additional amount of \$65.00.

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 Trial 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 <small>(MM/DD/YYYY)</small>

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
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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) _____
- Social Media Website Signs in Neighborhood

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.