

**MEMBERSHIP APPLICATION
SUMMER 2023**

Member Name – Last: _____ First: _____
(Print) (Print)

Name and age of children _____, _____, _____
_____, _____, _____

A membership only includes parents or guardian and children 21 and under. All others must purchase their membership or pay guest fees.

Member Address: _____

Email Address: _____

Contact Numbers:

Home: _____ Cell: _____ Work: _____

Emergency contact person: _____ Phone: _____

Membership Options: *(Please circle one)*

- | | |
|-----------------------------------|-----------|
| Family (with children) membership | \$400.00 |
| | OR |
| Couples membership | \$325.00 |
| | OR |
| Single membership | \$275.00 |

TOTAL ENCLOSED \$ _____ Check #: _____ Cash \$ _____

I hereby agree to abide by all the rules of the club.

(Members may begin swimming as soon as dues are paid. You will not be sent verification of payment. Sign in to swim if you have sent payment in the mail.)

Signature of Member: _____ Date: _____, 2023

Please mail to:
Riverside Swimming Club, Inc.
P.O. Box 82574
Lafayette, LA 70598