

Application for Membership Clinton Swim & Tennis Club

If applying before the pool is open (Memorial Day weekend), please mail application to **P.O. Box 463, Wilmington, Ohio 45177**. You will then receive a dues payment. If applying after after the pool is open for the season, please fill out the application and present to manager at pool.

Date: _____

Please circle one membership choice:

This application is for a : FAMILY SINGLE YOUTH SENIOR (60+)

Please mark one (refer to pool brochure for explanation):

_____ This application is for a STOCK HOLDING membership

Name(s): _____
(as you would like it to appear on the stock certificate)

_____ This application is for a NON-STOCK HOLDING membership

APPLICANT NAME (S) _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____ EMAIL _____

EMPLOYER _____

NAMES OF CHILDREN

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

For Office Use Only: Approval: _____ Phone _____ Meeting _____ Email
Contact: Letter Phone Email Date: _____
Paid Stock: (date) _____ Stock issued: _____