



Southgate Swim Club Membership Application

Last Name _____ First Name(s) _____

Address _____ City _____

Zip _____ Email _____

Home Phone _____ Work Phone _____

Cell Phone Numbers _____

Occupation(s) _____

Family Doctor _____ Doctor # _____

Names and Birthdates of dependent children (under 21 years)

1. _____ 2. _____

3. _____ 4. _____

Purchase Price \$ _____ Dues Collected \$ _____
(Pro-rated after 6/1)

I hereby apply for membership in the SOUTHGATE SWIM CLUB, INC.

It is my understanding that as a member I will be entitled to the use of the Club's swimming pool and other athletic and social facilities for myself, my dependents and guests, all in accordance with the By-laws and Rules & Regulations of the Club.

I understand that upon being accepted as a member, this application, the Articles of Incorporation, By-laws and Rules & Regulations prescribed thereunder shall constitute a contract between the me and the Club. By my signature below, I agree to be bound by these By-laws and the Rules & Regulations prescribed therein. I have read the By-laws and Rules & Regulations.

Applicants' Signature _____

Previous Owner of Membership (if applicable) _____

Referred by (if applicable) _____

Send Application to: Southgate Swim Club • P.O. Box 138 • Mt. Eden, CA 94557