| 2021 BHCC SWIM MEMBERSHIP APPLICATION | | | | | | | | | | |
|---|--------------------------|---|------|------------|----------------|--|----------------|-----------|------|--|
| APPLICANT INFORMATION | | | | | | | | | | |
| Applicant Name: | | | | | | | | | | |
| Address | <u> </u> | | | | | | | | | |
| City: | S | itate: | | | | | Zip Code: | | | |
| DOB (xx | :/xx/xxxx): | Employer: | | | | | | | | |
| Email: | | Contact Phone #: | | | | | | | | |
| SPOUSE AND FAMILY INFORMATION IF COUPLES OR FAMILY APPLICATION (Children must be under 18 years of age) | | | | | | | | | | |
| Name | | DOB | Sex | | Name | | | DOB | Sex | |
| 1 | | | | 4. | | | | | | |
| 2. | | | | 5. | | | | | | |
| 3. | | | | 6. | | | | | | |
| AVAILABLE SWIM MEMBERSHIPS (Please check the applicable membership class and circle the applicable rate in the table below) | | | | | | | | | | |
| Select | | | | | | | o in the table | 2021 Rate | | |
| | Family Swim | Two people (married, engaged or otherwise romantically linked) living together with children. Includes all children named within application. | | | | | | \$465 | | |
| | Individual Adult Swim | One adult over 21 years of age. | | | | | | \$339 | | |
| | Individual Swim and Golf | Individual Swim with golf privileges available after 2 pm on Saturday and Sunday. Golfer is not tournament eligible. | | | | | | \$790 | | |
| | Family Swim and Golf | Family Swim with golf privileges available after 2 pm on Saturday and Sunday. Golfers are not tournament eligible. | | | | | | \$865 | | |
| | Caregiver "Add On" | "Add on" available with Family membership. Caregivers do not have individual pool rights. Multiple caregivers are allowed if named. | | | | | | \$20 per | | |
| OTHER AVAILABLE "ADD ONS" | | | | | | | | | | |
| Select | Option | Fee | Sele | ect Option | | | Fee | | | |
| | Men's Locker | \$40 | | | Women's Locker | | | | \$40 | |
| | | | SIGN | UTAI | RE | | | | | |
| If claiming to be a new member. I further agree that I will conform to the By Laws, Rules and Regulations of the Club, and be subject to all provisions, conditions and limitations. I also agree to receive Club emails at the above listed email address. | | | | | | | | | | |
| Signature of Applicant: | | | | | | | Date: | | | |
| | | | | | | | Total Due | | | |

POOL CAREGIVERS NAME:

PHONE NUMBER: