

**Westwood Heights Swim Club Application for  
Associate Membership 2018**

Date: \_\_\_\_\_ Referring Member Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Names and Birthdates of Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Permanent Family Residents: \_\_\_\_\_

Are you interested in receiving information on volunteering and/or getting involved with the Pool Board? \_\_\_\_\_

I hereby apply for Associate Membership in the Westwood Heights Swim Club, Inc., which will entitle my immediate family and me to full use of the Club facilities as governed by the Rules and Regulations of the Club.

**Upon acceptance of this application by the Club, I agree to pay the sum of four hundred ninety-five dollars (\$495.00) representing membership dues for the 2018 Swim Season.**

**If today's date is July 15, 2018 or later, I agree to pay the sum of two hundred and forty-eight dollars (\$300.00) representing membership dues for the remainder of the 2018 Swim Season.**

I understand that this Associate Membership shall be limited to one (1) season and I further understand that an Associate Membership does not entitle me to a vote in the Corporation. I understand that to retain membership after this initial season, I must become a Bonded Member the following season or any season thereafter by purchasing a bond (stock certificate) from Westwood Heights Swim Club for three hundred dollars (\$300.00) and paying annual membership dues as pursuant to the terms and conditions set forth in the Bonded Membership application.

Applicant's Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Submit Application and Check made payable to Westwood Heights Swim Club to:

Westwood Heights Swim Club · 1636 N. Cedar Crest Blvd. #301 · Allentown, PA 18104 · P: 610-395-5972