

Parkshore Swim Club

2017 Associate Membership Form – Prorated

Membership as of Sunday, July 9th: \$250/family
 (\$50 discount for first-time members)

<input type="checkbox"/> New Member

Member:	Spouse:	
Address:	City:	Zip:
Subdivision:	Referring Member:	
Member Cell Phone:	Spouse Cell Phone:	
Email is our primary mode of communication. Please provide at least one email address. A second email address is optional.		
Member E-mail:	Spouse E-mail:	

PLEASE READ! Associate Membership permits the member, spouse, dependent children and other dependent relatives living in the home to use Parkshore Swim Club's facilities, to participate in the Parkshore swim team, activities & special events; and to vote at the Club's Annual General Membership Meeting as provided for in the Parkshore By-laws. Inclusion of others requires approval of the Parkshore Board of Directors. Should you wish to request an exception, please mail a written request to the Board of Directors, P.O. Box 31073 Charleston 29417.

List children & additional family members <u>living in the home</u> . *Required for dependent child.		
Name <i>Include last name if different from Member</i>	Relationship To Member	*Birthday MM / DD / YY
	M <input type="checkbox"/> F <input type="checkbox"/>	
	M <input type="checkbox"/> F <input type="checkbox"/>	
	M <input type="checkbox"/> F <input type="checkbox"/>	
	M <input type="checkbox"/> F <input type="checkbox"/>	
	M <input type="checkbox"/> F <input type="checkbox"/>	

I would like to request that babysitter privileges be extended for the sitter who is caring for my children and will be regularly accompanying them to the pool. The sitter must be at least 16 years old.
Name(s) of full-time babysitter: <i>If more than one sitter is listed, only one may accompany the children at any given time.</i>

MAKE CHECKS PAYABLE TO PARKSHORE SWIM CLUB, P.O. Box 31073 Charleston, SC 29417