

**FAMILY NAME:** \_\_\_\_\_

**FOREST PARK SWIMMING CLUB - PO BOX 21414, CONCORD, CA 94521**

**ANNUAL MEMBERSHIP AGREEMENT**

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE BOARD OF FPSA FOR APPROVAL

**MEMBERSHIP FEE:** \$150.00. **Non-refundable. (Waived for the 2016 fiscal year)**

**MEMBERSHIP DUES:** \$435.00\* per year. (Subject to change by a vote of the membership) \* Dues are discounted to \$410 if paid in full by 3/31/16. A \$7 transaction fee is added to each payment if you use Paypal. Payment can be made in (1) full payment at the date you join, or (3) installment payments as arranged with the Membership Director.

<b>Payment Due Dates:</b>	\$ <u>145</u> Date 3/31/16	\$ <u>145</u> Date 4/30/16	\$ <u>145</u> Date 5/31/16
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I agree to pay the yearly membership dues. I understand that if I do not maintain my membership, per the by-laws, my membership will revert to the Forest Park Swimming Association.

I understand that the pool and payment of dues is governed by the Forest Park Swimming Association by-laws. I acknowledge that I have been given a copy of these by-laws. I agree that my family, my guests and I will abide by the safety rules and code of conduct established by "The Association."

I understand that each membership is responsible for three (3) work commitments, as a part of my membership:

\*\* I will complete **three** work parties, or **pay a \$50.00 per** work party fine for commitments not completed.

A work party is a scheduled gate keeping shift or yard maintenance shift, any combination (3) total. Work parties are scheduled throughout the year. **Fines are due and payable by September 2016, unless alternate arrangements are made with the Board of Directors.**

**Address of the membership**

<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

\_\_\_\_\_  
Signature of Primary Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secondary Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Membership Director

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of FPSA President

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

FOR FPSA BOARD USE ONLY:

		PAID: \$
		CHECK #
Start date of membership		PAID: \$
		CHECK #
		PAID: \$
Referred by		CHECK #