

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 2011 fiscal year)**MEMBERSHIP DUES:** \$390.00* per year. (Subject to change by a vote of the membership) * Dues are discounted to \$365 if paid in full by 3/31/11
Payment can be made (1) in full at the date you join, or (3) installment payments as arranged with the Membership Director.**Payment Due Dates:** \$__130__ Date 3/31/11 \$__130__ Date 4/30/11 \$__130__ Date 5/31/11

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 2011, unless alternate arrangements are made with the Board of Directors.

Address of the membership

Street	City	State	Zip

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 #