

FOREST PARK SWIM ASSOCIATION
ANNUAL MEMBERSHIP STATEMENT 2015

1. MEMBERSHIP INFORMATION

Forest Park Swimming Association Bylaws dated January 16, 2003.

Section 2.1. A membership may be owned jointly by husband and wife, or singularly by husband or wife or unmarried head of household. All of the rights, duties, obligations and benefits of a membership shall inure to the immediate family **residing together with owner(s) in a single household.**

Section 2.2. Member(s) shall designate family members (Limited to (8) eight) each year upon payment of membership dues. Designated family members shall enjoy all rights and privileges of membership.

Designated family members must be related to Member(s) (as a child, stepchild, adopted or foster child, parent, grandparent, grandchild, aunt, uncle or ex-spouse).

Section 2.2.1 Member(s) may, as one of the eight designated Family members, designate a childcare provider who shall enjoy all rights and privileges of membership during the course and scope of performing duties as a childcare provider for a member.

******Please fill in the blank spaces below. Please return this form with your payment.******

| | | |
|--------------------|----|----|
| Family Name | | |
| Address | | |
| Home Phone | 1) | 2) |
| Cell Phone | 1) | 2) |
| e-mail Address | 1) | 2) |

Primary & Secondary Member (membership owner)

| |
|----|
| 1) |
| 2) |

| Designated Family Members | Relationship | Minors birth date |
|---------------------------|--------------|-------------------|
| 3) | | |
| 4) | | |
| 5) | | |
| 6) | | |
| 7) | | |
| 8) | | |

2. INSURANCE INFORMATION

| Please fill out insurance information if blank or different | Insurance Company | Employee Covered | Group Number | Employee No. |
|---|-------------------|------------------|--------------|--------------|
| Primary Insurance | | | | |
| Secondary Insurance | | | | |

3. EMERGENCY CONTACTS- Please indicate who to contact if there is an emergency at the pool.

| | |
|--------------|------------|
| 1) Name | |
| Phone Number | Cell Phone |
| 2) Name | |
| Phone Number | Cell Phone |

4. REFERRED BY: _____

5. HOUSE GUEST FORMS AVAILABLE AT THE POOL