FOREST PARK SWIM ASSOCIATION

ANNUAL MEMBERSHIP STATEMENT 2014

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 CONTACT- Please indicate below your emergency contact information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |
| Address |  |  |  |  |  |
| City |  | State |  | Zip |  |
| Phone Number |  | Cell Phone |  | | |

**4. REFERRED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. HOUSE GUEST FORMS AVAILABLE AT THE POOL**