**FAMILY NAME**:

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| **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 DUES**: $525.00 plus $50.00 Fundraising per year. (Subject to change by a vote of the membership) \* Dues are discounted to  $500.00 plus $50.00 Fundraising if paid in full by 3/31/13  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: | $\_ 175 \_ Date 2/28/2021 | | $\_ 175\_ Date 3/31/2021 | $\_ 175 \_ Date 4/30/2021 | |
| 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 $100.00 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 2021, unless alternate arrangements are made with the Board of Directors.** | | | | | |  |
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| Address of the membership | | | | | |
|  | |  | |  |  |
| **Street** | | **City** | | **State** | **Zip** |

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Signature of Primary Member Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Secondary Member Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Membership Director Print Name Date

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Signature of FPSA President Print Name Date

FOR FPSA BOARD USE ONLY:

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| --- | --- | --- |
|  |  | PAID: $ |
|  |  | CHECK # |
| Start date of membership |  | PAID: $ |
|  |  | CHECK # |
|  |  | PAID: $ |
| Referred by |  | CHECK # |