

# WOODBINE SWIM CLUB MEMBERSHIP APPLICATION

## SECTION ONE – BONDHOLDER INFORMATION

NAME: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Do you OPT In to receive Text notifications about Woodbine Swim Club:    YES            NO

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

## SECTION TWO – HOUSEHOLD INFORMATION

ADDITIONAL HOUSEHOLD MEMBERS	RELATIONSHIP	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SECTION THREE – EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## SECTION FOUR – REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT WOODBINE? \_\_\_\_\_

Please list the names of two current bondholders willing to sponsor your membership.

\_\_\_\_\_

CHECK HERE IF YOU WOULD LIKE TO BE SPONSORED BY THE BOARD OF TRUSTEES.

## SECTION FIVE – SIGNATURE

The undersigned applicant hereby applies for membership in the Woodbine Swim Club and agrees to the terms and conditions governing applications and membership, rules and regulations and by-laws as enacted.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## OFFICE USE ONLY

_____ RECEIVED	_____ INVOICE SENT	_____ BOND CERTIFICATE #
DATE	DATE	DATE
_____ BOARD VOTE	_____ PAYMENT RECEIVED	_____ DATE BOND ISSUED
DATE APPROVED/DISAPPROVED	DATE	DATE

REV 02/2021



Woodbine Swim Club  
7025 Maple Avenue  
Pennsauken, NJ 08109  
856-663-9742  
membership@woodbineswimclub.com