

**NORTH ST. JOHN'S SWIM & TENNIS CLUB Inc.**

**Membership Application**

Date Application Received \_\_\_\_\_ Bond # \_\_\_\_\_

Amount of Bond \$ \_\_\_\_\_ Refund Date \_\_\_\_\_

I hereby apply for membership in the North St. John's Swim and Tennis Club, Inc. and agree, if accepted, to abide by the By-Laws and Rules of the Club.

Voting Member's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Voting Member's Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Dependents'* Names	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Dependents are defined as children and other permanent members of the household.

A check in the amount of \$50.00 made payable to North St. John's Swim & Tennis Club, Inc. must be submitted with this application. This deposit is applied toward your membership bond, but is not refundable. The balance of your membership bond is due upon notification of membership acceptance. Since this organization is non-profit and is run by volunteers, assistance is sometimes needed to manage the Club. Please check one or more of the following areas in which you would be willing to serve:

Board of Directors \_\_\_\_\_ Social Committee \_\_\_\_\_ Teen Committee \_\_\_\_\_  
Tennis Committee \_\_\_\_\_ Swim Team \_\_\_\_\_ Operations \_\_\_\_\_  
Grounds Committee \_\_\_\_\_ Diving Team \_\_\_\_\_  
Other \_\_\_\_\_ (please indicate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Return this application to: Cindy McNemar, 3212 Ginger Bread Ct., Ellicott City, MD 21042  
(410)461-0538