

Nansemond Swim Club, Inc. P.O. Box 6080, Suffolk, VA 23433
APPLICATION FOR MEMBERSHIP

Name(s) (Print): _____ Date: ____/____/____
Street Address: _____ Phone: _____
City, State, Zip: _____
Email addresses: _____

Names of children (including birth dates) or other family members living with those listed above:

Sponsors (signatures of two members in good standing required):

Signature #1 _____ Signature #2 _____
Printed Name #1 _____ Printed Name #2 _____

Stock Options:

 Stock Transfer from Current Member:
I request a transfer of Stock # _____ from _____. The current member's stock certificate and a letter notifying the Board of their intent to sell to you must accompany this application. Do not make any payments to the current member until the Board has approved the transfer.

 New Stock Purchase from NSC:
I request the purchase of new stock from the Nansemond Swim Club.

Upon approval of this application, I agree to the below stock option purchase. I understand that payments begin upon notification of approval of this application and that payment is due by the 5th of the month. In addition, I understand that annual summer dues will be due each April. Annual dues are pro-rated if my application is approved between June 30th and Labor Day. In season, dues must be paid in full at the time of application. Stock and dues fees must be paid in full before issuance of stock certificate or before member is eligible (per rules) to join the swim team.

- Payment Plan:**
- Pay in full - \$440
 - Pay in two months - \$220, due at 30 days and 60 days
 - Pay in three months - \$150, due at 30 days, 60 days, and 90 days
 - Pay in 12 months - \$40 per month x12 months

Terms of Membership:
I/We hereby expressly agree to abide by the established by-laws, rules, and regulations now or hereafter adopted by the Nansemond Swim Club, Inc. I/We agree to pay the annual dues in order to use the facilities provided by the Corporation and to remain a member in good standing. I/We also understand that the Corporation may reject this application by refunding all monies paid thereon.

Legal Signatures of Applicant(s):
Sign name exactly as it should appear on the certificate. If more than one person will own the membership, each person must sign.

Print name below: _____

FOR OFFICIAL USE ONLY
Date Received: ____/____/____ Date Approved by Board: ____/____/____
Certificate Number Assigned: _____ Date Certificate Issued: ____/____/____
Signature of Board President: _____ Revised 9/2009