

NANSEMOND SWIM CLUB

**WELCOME
TO THE NEIGHBORHOOD**



**LEARN MORE ABOUT
MEMBERSHIP OPPORTUNITIES**

Physical Address: 8907 Eclipse Drive Suffolk, VA 23433

Mailing Address: PO Box 6080, Suffolk, VA 23433

Phone: 757.238.2243 Email: Nansemondswimclub@gmail.com

WWW.NANSEMONDSWIMCLUB.COM



JOIN US AT NANSEMOND SWIM CLUB

Nansemond Swim Club is a seasonal outdoor pool located in the historic community of Eclipse in Suffolk, Virginia and we welcome new members. NSC is a private, members-only club that has been in continuous operation for over 50 years. During the summer operating season, NSC is open seven days a week from Memorial Day through Labor Day. As a member of the club, you will be afforded use of the pool grounds, an opportunity for the kids to join the swim team and the use of our pavilions for private parties.

BECOMING A MEMBER IS EASY

First, complete the membership application on the following page. Mail your application and payment to: **Nansemond Swim Club, P.O. Box 6080, Suffolk, VA 23433**. During the summer, you can drop off your application and payment with the pool staff during open hours. Once your application is received, it will be presented to our Board of Directors for approval.

Our Membership Chair person will contact you to complete the membership and registration process.

THE INVESTMENT IN MEMBERSHIP

Nansemond Swim Club's membership initiation fee is \$440 due at the time of application submission. This one-time membership fee secures your continued membership as long as you pay your annual dues. Annual dues are \$500 per year to keep your membership active. Annual dues invoices are sent in March of each year and must be paid prior to the season opening to avoid a late fee. Please see application for all payment options.

	
Membership Initiation	\$440
 Annual Dues with Maintenance fee	\$500
First Season*	\$940
<i>*Following seasons, you only pay annual summer dues to continue your membership</i>	

HAVE QUESTIONS? LET'S TALK.

We would love to answer your membership questions. In season, please feel free to stop by the pool for a tour from the manager on duty. In the off season, reach our Membership Chair Person: Terri Shaw 757.636.5416, tlshaw@charter.net or email our Board of Directors at nansemondswimclub@gmail.com



2024 SWIM SEASON

PROPOSED DATES AND HOURS OF OPERATION*



Opening Day, Saturday, May 25th 10:30-9:00

Memorial Day Weekend Hours

Saturday 25th 10:30-9:00

Sunday 26th 10:30-7:30

Monday 27th 10:30-7:30

Early Season Hours: May 28th- June 9th

Mon-Thurs 4:00-8:00

Friday 4:00-9:00

Saturday 10:30-9:00

Sunday 10:30-7:30

Regular Season Hours: June 10th-August 20th

Mon-Thurs 10:30-8:00

Friday & Saturday 10:30-9:00

Sunday 10:30-7:30

Late Season Hours: August 21st-September 4th

TBD: See Early Season Hours

Closing Day, Monday, September 4th 10:30-5:30

*Hours of operation are subject to change.

HOST A POOL PARTY

Members may host parties during normal operating hours. Please schedule your party with the pool manager at the main office. Pavilions may be reserved first come, first serve at no additional charge. Non-member guest fee is \$5/per swimmer.

JOIN OUR SWIM TEAM

The Nansemond Sharks Swim Team Season begins the first week of June and lasts until mid-July. Practices are divided by age group and take place in the afternoon M-F from 5:15-8:00 with Swim Meets on Saturday mornings.

Visit our website for more information.

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

APPLICATION FOR MEMBERSHIP

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

Names of children, including birth dates & year:

Children must be 26 years old or under and residing in your household to be included in your membership.

Membership Options:

_____ **New Membership Purchase from NSC:** I request the purchase of a new membership from the Nansemond Swim Club.

_____ Option 1: PAID IN FULL Membership. Membership Fee of **\$440** plus current annual dues & maintenance fee of **\$500 = \$940**.
I understand that the nonrefundable membership fee of \$440 secures my NSC Membership for as long as dues are paid annually.

_____ Option 2: PROVISIONAL Membership. Membership Fee of **\$440** paid over 2 years (\$220) + current annual dues & maintenance fee of **\$500 = \$720**. Once the membership fee of **\$440** is paid in full, I will be a full member and will pay annual dues only.

Provisional Members pay \$720 for two years to become a full member. Full Members then pay Annual Dues during year 3 and beyond. Annual dues are payable each April and are currently \$475 + \$25 maintenance fee = \$500. Annual dues are pro-rated if application is between June 30 - Labor Day. Membership fees and dues must be current to join swim team. Membership fees must be paid in full receiving a membership certificate.

_____ **Active Duty Military Membership:** I request to join Nansemond Swim Club as a non-voting, short-term member.

I understand I will pay annual dues each April to maintain membership. After my second season, I may extend by joining as a full member. Active Duty Military ID required. Military ID presented to NSC staff member. Date: ____ Staff Initials: ____

_____ **Membership Transfer from Current Member:**

I request a transfer of Membership Certificate # _____ from _____.

I will pay the seller their requested price of \$ _____ (not to exceed \$440) plus an administrative fee of **\$50** to the board.

I agree to pay current annual dues & maintenance fee each April to maintain my NSC membership in good standing.

Member / Sponsor Reference:

If you know two members in good standing, please include. If you don't know other NSC members, check here _____. Board members will then sign for you.

Member #1

Member #2

How did you hear about us: staff, friend, advertising (signage, online), postal mailing, other? Name: _____

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. (the "Corporation"). I/We agree to pay the **annual dues** each year 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 names exactly as it should appear on the certificate. If more than one person will own the membership, each person must sign.

Signature: _____
Print name: _____

Signature: _____
Print name: _____

FOR OFFICIAL USE ONLY

Date Received: ____/____/____
Certificate Number Assigned: _____
Promotion: _____

Date Approved by Board: ____/____/____
Date Certificate Issued: ____/____/____
Member Fee Pd: \$ _____ Annual Dues Pd: \$ _____

Signature of Board President: _____

Revised February 2023