Phone: Season 822-3737
Off Season: 822-0996

Lenape Valley SWIM and TENNIS CLUB

WESTVIEW AVENUE, BOX 202
CHALFONT, PA 18914

MEMBERSHIP APPLICATION

1. Application is hereby submitted for Family ❑ Single ❑ membership in the Lenape Valley Swim and Tennis Club.
2. My application deposit of $25.00 is also submitted, on the understanding that it shall be returned within 45 days if, for any reason, the application is not approved. (Please make checks to: **Lenape Valley Swim and Tennis Club**).
3. It is understood that all members have received and read club rules and regulations prior to signing of application.

SWIM AND TENNIS CLUB MEMBERSHIP

*________________________
*________________________
Adult Applicants' Signatures

Date:

*Home Tel. No ____________

*Home Address ____________________________

Bus. Tel. No ____________

________________________ Zip ________

Cell No. ____________

*E-Mail Address ____________________________

*Print Names of All Applicants	Name	Sex (M / F)	*Birth Date
If family membership: Husband, Wife other adults or children *(Please fill in all information completely and accurately.*			

*Required Fields

MEMBERSHIP INFORMATION

1. The Club can accept only a limited number of members, so it is important to make your application early. If your application is approved but there are no more memberships available, you will be notified that your membership is on the waiting list.
2. Membership Fee – $25.00

ANNUAL DUES

3. Annual Dues, payable upon billing.
4. All fees and dues paid are non-refundable.

Date Received ____________

Deposit Received ____________

Date Approved ____________