

**SHANNONDALE-MAHOGANY SWIM CLUB
MEMBERSHIP FORM**

Carefully complete this form and return it with your payment to:
Shannondale-Mahogany Swim Club, P.O. Box 115, Portage, MI 49081
www.shannondaleswimclub.com

POSTMARK DATE: APRIL 15, 2009

NAME

_____ Last _____ First _____ Spouse _____

ADDRESS

_____ Number _____ Street _____ City _____ Zip _____

Check if NEW

_____ HOME PHONE NUMBER(S) _____

_____ WORK PHONE NUMBER(S) _____

_____ EMAIL ADDRESS _____

EMERGENCY CONTACTS (REQUIRED)

1) _____
Name(s) _____ Phone Number(s) _____

2) _____
Name(s) _____ Phone Number(s) _____

PLEASE LIST THE NAMES AND AGES OF CHILDREN LIVING AT HOME:

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

2009 DUES ENCLOSED

(Please select one and enter check number at right)

_____ ACTIVE STOCKHOLDER \$350.00 _____ Check # _____

_____ INACTIVE STOCKHOLDER \$65.00 _____

_____ RESIDENT NON-STOCKHOLDER \$450.00 _____

_____ NON-RESIDENT \$550.00 _____

_____ GUEST PASS Max. of 20 \$3.00 EACH _____

STOCK PURCHASE INSTALLMENT ENCLOSED

(Please select one and enter check number at right)

_____ FIRST INSTALLMENT \$167.00 _____

_____ SECOND INSTALLMENT \$167.00 _____

_____ THIRD INSTALLMENT \$166.00 _____

Pool Use Only

Postmark Date _____

Assigned Pin Numbers _____

Assigned Guest Numbers _____

I would be interested in future pool board position. _____ Yes _____ No

I would be interested in working on a committee for the pool. _____ Yes _____ No

RETURN OF THIS FORM WITH PAYMENT CONSTITUTES AN UNDERSTANDING AND AGREEMENT OF THE POOL RULES AND REGULATIONS.