



HVSC Date Rec'd \_\_\_\_\_

# HURON VALLEY SWIM CLUB Application for Membership

Today's Date: \_\_\_\_\_

## Family Information:

**Surname(s):** \_\_\_\_\_

### First Names

Adult #1: \_\_\_\_\_

Email: \_\_\_\_\_

Adult #2: \_\_\_\_\_

Email: \_\_\_\_\_

Child #1: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Child #2: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Child #3: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Child #4: \_\_\_\_\_

Birthdate: \_\_\_\_\_

## Home:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Work:

### Adult #1 Employer

### Adult #2 Employer

Company: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

## Sponsorship Information:

Are either of your parents currently members of HVSC?  Yes  No

If yes, please provide their name(s): \_\_\_\_\_

### Sponsors:

Sponsor #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor #1 Signature: \_\_\_\_\_

Sponsor #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor #2 Signature: \_\_\_\_\_

Applicants should return this form, complete with all sponsor information and signatures, and enclose a non-refundable payment of \$25 made out to Huron Valley Swim Club.

Applicant's Signature: \_\_\_\_\_

Please mail the completed application to:  
HVSC  
P.O. Box 1883  
Ann Arbor, MI 48106

*You should anticipate a postcard acknowledging receipt of your application from HVSC within about four weeks. If you do not receive anything, please email membership@huronvalleyswimclub.org. We recommend copying your application and keeping the cancelled check for your records.*