

SHERWOOD SWIM AND RACQUET CLUB

APPLICATION FOR MEMBERSHIP

Date _____

Dr.
Mr.
Name: Mrs. _____
Ms.

Name Preferred: (Applicant) _____ (Co-applicant) _____

Address: _____

Phone: _____ Zip code: _____

E-mail address: _____

CHILDREN LIVING AT HOME:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Employed by: _____

Position: _____
Phone: _____

Co-applicant Employed by:

Position: _____
Phone: _____

Affiliations (Church, Clubs, etc.) _____

Hobbies & Interests _____

If asked would you be willing to serve on one of the following committees:

Swim _____ Swim Team _____ Tennis _____ Social _____ Grounds _____ Membership _____

How did you hear about Sherwood? _____

References of two active Members of Sherwood Swim & Racquet Club

1) Name: (please print) _____ Signature _____

2) Name (please print) _____ Signature _____