

WEMBLY SWIM & RACQUET CLUB

P.O. BOX 29801 RICHMOND VA. 23242-0801

www.wembly.org

APPLICATION FOR MEMBERSHIP

Name _____
 Cell Number _____
 Employed By _____
 Work Number _____
 Spouse's Name _____
 Cell Number _____
 Employed By _____
 Work Number _____
 Home Address _____
 City _____ State _____ Zip Code _____
 Home Number _____
 E-Mail _____

CHILDREN RESIDING IN YOUR HOUSEHOLD PERMANENTLY

Name _____ D.O.B. _____
 Name _____ D.O.B. _____
 Name _____ D.O.B. _____
 Name _____ D.O.B. _____

OTHER FAMILY MEMBERS RESIDING IN YOUR HOUSEHOLD

Name & Relationship _____
 Name & Relationship _____

EMERGENCY CONTACT

Name & Relationship _____
 Phone # _____

FEES (Get this year's fee schedule from Membership Chairperson)

Initiation Fee	
Family Annual Dues	
Couples and 2 Person Family	
Singles (No Dependents)	
Total Check Amount	

THERE IS A \$25.00 RETURN CHECK FEE

I understand the application fee schedule as printed on this form. I also Understand that this application for membership must be approved under the Conditions established by the Board of Directors, and, if accepted, I and all Members of my family agree to abide by the charter, by-laws, and regulations of Wembly Swim & Racquet Club.

Applicant(s): Signature _____
 Wembly Member recommending _____
 Phone # _____

Return this application with fees to the above address.