

**APPLEWOOD SWIM & TENNIS CLUB, INC.**  
New Member Application

I, \_\_\_\_\_, SUBMIT THIS APPLICATION FOR A FAMILY, COUPLE OR SINGLE MEMBERSHIP IN "APPLEWOOD SWIM & TENNIS CLUB, INC". I acknowledge the fact that this application will be submitted to the Board of Trustees of the Corporation for their review. If my family and I are accepted for membership, we agree to abide by the rules and regulations subsequently established by the governing body of the Corporation.

I understand that the Board of Trustees has the right to reject any application upon returning the amount of money (or check) equal to the amount submitted with this application. I furthermore understand that once accepted, the Board of Trustees may cancel my membership at any time, subject to the rules of the Corporation.

For the review of the Trustees, I submit the following data:

**NAME OF APPLICANT:**

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ U.S. VETERAN (YES/NO) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**NAME OF SPOUSE:**

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ U.S. VETERAN (YES/NO) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAMES OF UNMARRIED & DEPENDENT CHILDREN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAMES OF UNMARRIED & DEPENDENT CHILDREN	DATE OF BIRTH

**HOME ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

DO YOU OWN THE HOME LISTED ABOVE AS YOUR "HOME ADDRESS"? Yes or No

I am submitting this application with my check for \$50.00 (Article 4, Section 2.05A). This fee is nonrefundable and will be used to offset the initiation fee. I agree to pay the balance due within 30 days after I have been invoiced by the Treasurer of the Applewood Swim & Tennis Club. I also understand that none of the club's facilities will be extended to my family or me until I have paid my balance in full.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name of member who referred you to the swim club (if any) \_\_\_\_\_

**Make check payable to:**  
**APPLEWOOD SWIM & TENNIS CLUB, INC.**  
**PO Box 3194**  
**Boardman, Ohio 44512**  
[Membership@applewoodswimandtennis.com](mailto:Membership@applewoodswimandtennis.com)  
[www.applewoodswimandtennis.com](http://www.applewoodswimandtennis.com)

Activities/Associations: \_\_\_\_\_  
\_\_\_\_\_

Volunteer: \_\_\_\_\_  
\_\_\_\_\_

**APPLEWOOD SWIM & TENNIS CLUB, INC**

Release of Liability

In consideration for using the Applewood Swim & Tennis Club, I hereby understand and agree to release the Applewood Swim & Tennis Club, Inc. from any and all liability for injuries which may sustained by those under my membership. I further understand that the use of these facilities is at my family members own risk and I agree to hold harmless Applewood Swim & Tennis Club, Inc. for any injury when on its premises.

\_\_\_\_\_  
Member Name (Please print)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Name (Please print)

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**Special Notes: (ASTC USE ONLY)**

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