

Application for Membership for Arcadia Swim Club, Inc.
1 Twin Brook Drive Clemmons, NC 27012
"The Arcadia Ducks"

Applicant Name: _____ Phone # _____

E-mail Address: _____

Home Address: _____
Number Street Name City State Zip

Applicants Employer: _____

Address: _____
Number Street Name City State Zip

Marital Status: ___Married ___Single ___Divorced

Name of Spouse: _____

Spouse's Employer: _____

Employer Address: _____
Number Street Name City State Zip

Name and Age of unmarried children living at home:

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Previous member of Arcadia Swim Club? If Yes, under what names and years of membership

Currently a member of Arcadia Swim Team? **Yes / No**

Do you, your spouse or children have any contagious or communicable diseases?

____Yes ____No If yes, please explain on the reverse side

Name of Family Physician: _____

Name Stock Certificate should be made in: _____

I hereby apply to become a member of certificate holders in Arcadia Swim Club, Inc. and if my application is approved, I agree to abide by the Bylaws and Regulations of The Club.

Signature: _____ Date: _____

Pool Members as Reference:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please email application to ascducks@gmail.com Attn: Jaime Davies or drop in the pool mailbox Attn: Jaime Davies