

Brookside Swim Club Membership Form

Complete and submit with payment via our online site brooksidewimclub513.com or by mailing to:
Brookside Swim Club, P.O. Box 42054, Cincinnati, Ohio 45242

Checks payable to: Brookside Swim Club

Credit card payments include a 3.5% processing fee

Membership Type

_____ Membership Year (Summer of)

_____ New - how did you hear about us? _____

_____ Renewal

_____ **FAMILY** - husband, wife (partners) and dependent children (eligible on tax return)

residing in same household \$551.95 plus sales tax \$43.05 = **\$595**

_____ **COUPLE** - husband & wife (partners) or adult & dependent child (eligible on tax return)

residing in same household \$449.91 plus sales tax \$35.09 = **\$485**

_____ **SINGLE** - at least 16 years of age by Memorial Day \$315.40 plus sales tax \$24.60 = **\$340**

CHILDREN under 18 months on Memorial Day are free.

Grandparent or adult other than spouse/partner may not be included on family or couple memberships.

Adult #1 Name _____

Street Address _____

City _____

State _____

Zip Code _____

Phone _____

Email _____

Occupation _____

Adult #2 Name _____

Phone _____

Email _____

Occupation _____

Dependent Child(ren) who are eligible to be claimed on your tax return

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

AGREEMENT: I, as the party responsible for the persons listed above, agree to abide by the rules and regulations of Brookside Swim Club and agree to honor the financial commitment of above membership. I agree that Brookside, its Board of Trustees and employees shall be held harmless for any personal injury or property damage suffered by above members dues to my (our) own negligence.

Signed _____

Date _____