

Colony West Swim Club

2725 Bennington Drive
Springfield, IL 62704
217.546.2780

Membership Application

The undersigned hereby submits application for membership and agrees to pay the required fees with the application.

Type of Membership: Family Individual

Applicants' Names: _____

Home Address: _____
(street, city, state, zip)

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Names of Children Living at Home: _____ Date of Birth: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Other Permanent Household Residents: _____ Relationship: _____

_____	_____
_____	_____

Your membership entitles you to the full privileges and benefits of the pool facilities of Colony West Swim Club subject to rules and regulations. Signing below verifies you have read the rules and regulations of the club. This membership is not transferable.

I am opting out and prohibiting the use of my and/or my family members' image in advertising, media, video, or other marketing purposes.

Please sign and return this form with full payment. Checks can be made payable to Colony West Swim Club.

Signature: _____ Date: _____

*Proof of residency is required for any adult children (age 22 and older) or for any other permanent adult resident of the household (i.e. Grandparents, nannies, etc). Examples of proof of residency would be a copy of current driver's license, state issued ID, or any other government issued document.