

Colony West Swim Club

2725 Bennington Drive
Springfield, IL 62704
217.546.2780

Membership Application

I hereby submit this application for membership at Colony West Swim Club and agree to pay the required fees as outlined.

Type of Membership: Family \$450 Individual \$225 Initiation \$200

Applicants' Names: _____

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

Phone:1) _____ 2) _____ Email: _____

Emergency Contact: _____ Phone: _____

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

*Other Permanent Household Residents: _____ Relationship: _____

Your membership grants you full access to the pool facilities and amenities at Colony West Swim Club. Membership is subject to the club's rules and regulations. By signing below, you confirm that you have read and agree to abide by these rules. Please note: memberships are not transferable.

I request to opt-out of the use of my and/or my family members' images in any advertising, media, video, or other marketing materials by Colony West Swim Club.

Please submit this completed form along with full payment to: Colony West Swim Club, 2725 Bennington Dr., Springfield, IL 62704. Please make checks payable to Colony West Swim Club.

Signature: _____ Date: _____

How did you hear about CWSC _____

* Proof of residency is required for: adult children aged 22 and older and/or other permanent adult residents (e.g., grandparents, nannies). Acceptable forms of proof of residency include: current driver's license, state-issued ID card, or other government-issued documents.