

Membership Application

Huron Valley Swim Club



Adult #1

Name		Date of Birth
Cell Phone #	Email(s)	

Adult #2 (if applicable)

Name		Date of Birth
Cell Phone #	Email(s)	

Are either adult's parents currently members at HVSC?	If yes, please provide their name(s):
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Home Address

Street		Home Phone #
City	State	Zip

Children (if applicable)

Name	Age	Date of Birth

Applicants should mail this form, and a non-refundable application payment of \$35 (payable to: Huron Valley Swim Club) to:

Huron Valley Swim Club
P.O. Box 1883
Ann Arbor, MI 48106

You should anticipate an email acknowledging receipt of your application from HVSC within approximately four weeks. If you do not receive anything, please email membership@hvsconline.com. We recommend copying your application and keeping the cancelled check for your records.

Application information is very important in order to maintain your position on our wait list. You will be contacted to update this information on a yearly basis using the information which you provide. Be sure that you let us know about any changes to avoid being passed over.

Applicant's Signature	Date
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Office Use Only

HVSC Date Received: _____

Payment Type: cash check

Date Confirmation Sent: _____

Year: _____ Position: _____ Info Updated: _____

Year: _____ Position: _____ Info Updated: _____

Year: _____ Position: _____ Info Updated: _____

Year: _____ Position: _____ Info Updated: _____

Year: _____ Position: _____ Info Updated: _____