



# MEMBERSHIP APPLICATION

PRIMARY NAME (First/Last) \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**MEMBERSHIP PERSONS (same household):**  
(Please list additional persons on membership. ONLY fill out age/gender for persons under 23 yrs old)

NAME	AGE	MALE/FEMALE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY PHYSICIAN \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

**EMERGENCY CONTACTS:**

NAME	PHONE
_____	( ) _____
_____	( ) _____

**2017 Membership Dues (Paid In Full):** *check those that apply*

1- 2 persons (same household) \$250 \_\_\_\_\_

3+ persons (same household) \$400 \_\_\_\_\_

Baby-sitter Fee (additional) \$100 \_\_\_\_\_

Baby-sitter Name: \_\_\_\_\_ Phone: \_\_\_\_\_

RETURN THIS FORM PLUS YOUR PAYMENT TO:

Halteman Swim Club  
4205 N. Lancaster Drive  
Muncie, IN 47304

OR PAY ONLINE at [www.haltemanswimclub.com/membership](http://www.haltemanswimclub.com/membership)