

# Montclaive Swim Club

401 Harvard Dr \* Edwardsville, Illinois 62025

montclaireswimclub.com \* montclaireswimclub@yahoo.com

\*Michael Taplin-Pool Manager-541-2240 \*Bob Rettle-Board President-407-7665

**Dues for 2021: (Please check one)**

- ☐ **\$375 Family Membership**
- ☐ **\$350 Early Registration-Pay \$50 by April 1 and \$300 balance by May 1 (must be received on time)**
- ☐ **\$185 Single Membership** (\*Must be 18 or older to apply for single membership.)
- ☐ **Annual Fund Donation (Check this box if you would like to make a contribution to our Annual Fund. This is in addition to your membership fee)**
- **My contribution \$\_\_\_\_\_Thank you!**

Please fill out the following information completely and submit, along with payment, to the address below. EMERGENCY PHONE NUMBER MUST BE LISTED. No member of your family will be permitted to use the pool until full payment of dues.

Please make checks payable to:  
Montclaive Pool  
P.O. Box 37  
Edwardsville, IL 62025

MEMBER'S NAME(S)\_\_\_\_\_

HOME PHONE\_\_\_\_\_EMERGENCY PHONE\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FAMILY DOCTOR\_\_\_\_\_PHONE \_\_\_\_\_

NAMES OF CHILDREN:

\_\_\_\_\_ Age:\_\_\_\_\_ Sex:\_\_\_\_\_      \_\_\_\_\_ Age:\_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Age:\_\_\_\_\_ Sex:\_\_\_\_\_      \_\_\_\_\_ Age:\_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Age:\_\_\_\_\_ Sex:\_\_\_\_\_      \_\_\_\_\_ Age:\_\_\_\_\_ Sex: \_\_\_\_\_

## FOR POOL USE ONLY:

Date Paid:\_\_\_\_\_ Accepted by: \_\_\_\_\_

Check No.:\_\_\_\_\_ Cash:\_\_\_\_\_ Concession:\_\_\_\_\_ Guest:\_\_\_\_\_

Passes Issued:\_\_\_\_\_ New Member: \_\_\_\_\_

Memo:\_\_\_\_\_