

# Swim & Racquet Club

3500 Kenny Rd., Columbus, Ohio 43221

Membership Application

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***Thank you for applying to the Swim & Racquet Club!***

## **Applicants for New Membership**

1. Please complete the attached application and provide a check for the \$100 application fee made to Swim & Racquet Club.
2. Mail the completed application and check to:  
Office Manager  
Swim & Racquet Club  
3500 Kenny Rd.  
Columbus, OH 43221

## **Existing Members Requesting a Change of Status to a Different Membership**

On the application, check the box indicating that you are an existing member applying for a change of status to a new membership category. Then, check the box of the membership category to which you wish to change. There is no application fee. Please mail the application to the above address.

## **Membership Category Definitions**

- |                       |   |
|-----------------------|---|
| Family Membership     | Membership for one adult ( <b>the Member</b> ), 18 years or older, who may chose to include, with full membership privileges, a spouse ( <b>the Associate</b> ) and dependent children younger then 24 years old. Family members have two votes. The Member, Associate and dependent children must be identified as such on the application for membership.   |
| Couples Membership    | Membership for one adult ( <b>the Member</b> ), 18 years or older, who may chose to include, with full membership privileges, a spouse or unmarried adult living in the same household ( <b>the Associate</b> ). Children may use the club as guests according to guest policies. The Member and the Associate must be identified as such on the application for membership. The Member has one vote. |
| Individual Membership | 18 years old or older and has 1 vote. Spouse and children may use the club as guests according to guest policies.   |

## **Questions?**

For pricing information or any other questions, please contact Denise Neds, Office Manager, 614-451-3762.

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<input type="checkbox"/> Application for New Membership <small>Indicate below the type of membership for which you are applying</small>		<input type="checkbox"/> Existing Member Change of Status Request <small>Indicate below the type of membership you want to change to</small>		
Type of Membership: <input type="checkbox"/> Family <input type="checkbox"/> Couples <input type="checkbox"/> Single				
<b>APPLICANT INFORMATION (The "Member")</b>				
<small>See membership description for definitions of "Member" and "Associate" for the category for which you are applying.</small>				
Name:				
Date of Birth:			Age:	
Residence Address:				
City:		State:	Zip:	
Cell Phone:		Work Phone:		
Current Employer:				
E-Mail:				
<b>ASSOCIATE INFORMATION (If Applicable)</b>				
<small>See membership description for definitions of "Member" and "Associate" for the category for which you are applying.</small>				
Name:				
Date of Birth:			Age:	
Cell Phone:				
Current Employer:				
E-Mail:				
<b>DEPENDENT CHILDREN</b>				
	Name	Month	Day	Year
<input type="checkbox"/> M <input type="checkbox"/> F				
<input type="checkbox"/> M <input type="checkbox"/> F				
<input type="checkbox"/> M <input type="checkbox"/> F				
<input type="checkbox"/> M <input type="checkbox"/> F				
<input type="checkbox"/> M <input type="checkbox"/> F				
Applicants for new membership must enclose a <b>non-refundable</b> check for \$100.00, which is to be applied toward Initiation Fees upon acceptance of the application.				
Signature of Applicant:			Date:	
<b>OFFICE USE ONLY</b>				
Application Received:	Membership #	Initiation Fee	<input type="checkbox"/> Full	<input type="checkbox"/> Installments: