

DATE: _____

Chelmsford Swimming & Tennis Club, Inc.
Membership Application

NAMES: _____
(Include first and last name of both partners)

MAILING ADDRESS: _____

CONTACT TELEPHONE NUMBER: (Area code) _____ - _____

EMAIL ADDRESS: _____

FIRST NAMES AND DATES OF BIRTH FOR ALL CHILDREN

- | | |
|----------|--|
| 1. _____ | Use the reverse side
of this application
for additional names. |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |

How did you come to learn about CS&T? _____

NOTE: Any/all information provided on this application WILL REMAIN exclusive to CS&T. CS&T will post your family member names on a NEW MEMBERS list in the clubhouse lobby.

An application fee of \$50.00 must accompany this *MEMBERSHIP APPLICATION*. Please make your check payable to **CHELMSFORD SWIMMING & TENNIS CLUB**. The application fee is non-refundable but will be applied toward your initiation fee when you become a "CS&T" member. Upon receipt of this completed application together with the application fee, your name will be considered for immediate membership or be placed on a membership waiting list.

Return to: Chelmsford Swimming & Tennis Club
P.O. Box 114
Chelmsford, MA 01824

Visit our website at <http://www.chelmsfordswimandtennis.org/>

DATE RECEIVED: _____