SCS Swim Club Membership Request Form

$10 annual membership dues

Make check or money order payable to: SCS Swim Club

Dues payment can be given to one of the board members during swim club

Last Name: _____

First Name: _____

Address: _____

Phone: _____

Email: _____

Birthday: _____

SCSCAI No. _____

Last Name: _____

First Name: _____

Address: _____

Phone: _____

Email: _____

Birthday: _____

***SCSCAI No**. _____

____ **Check** to ***exclude*** your phone number from Membership Directory

____ **Check** to ***exclude*** your home address from Membership Directory

____ **Check** to ***exclude*** your email address from Membership Directory

***required**