

# Erlton Swim Club Membership Application

Please send the completed application and deposit to:

Erlton Swim Club—Attn Stephen Considine – PO Box 1433, Cherry Hill, NJ 08034

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<i>Family's Last Name</i>	<i>Parent First Name</i>	<i>Parent First Name</i>
	<i>Date of Birth</i>	<i>Date of Birth</i>

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<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Phone Number</i>	<i>Work Phone Number</i>	<i>Email Address</i>
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<i>Name(s) of Children</i>	<i>Date of Birth</i>
_____	_____
_____	_____
_____	_____
_____	_____

**Please list any other permanent members of your household that you are applying of membership**

<i>Name</i>	<i>Date of Birth</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If you have questions please call 856-428-8777 and leave a message. We will return the call!**

