

APPLICATION FOR MEMBERSHIP TO THE OLENTANGY SWIM ASSOCIATION, INC.

I. **Application.** I apply for Membership in The Olentangy Association, Inc. (the "Association"). Subject to my admission as a Member, I agree to abide by the Code of Regulations and rules of the Association as now in force and hereafter adopted.

II. **Membership Classification.** I apply for Membership in the following class (check one):

Family of 3 or More Family of 2 Single Adult

III. **Annual Dues.** I agree to pay annual dues for my membership class as may from time to time be set by the Board of Trustees of the Association. The annual dues (including sales tax) for Regular Members in 2004 is as follows. An invoice for annual dues will be mailed in the month of March during each year of membership, and are due in May of each year.

Family of Three or More	\$331.39
Family of Two	\$257.91
Single Adult	\$189.36

V. **Signature.** I have executed this Application for Membership this _____ day of _____, 2004.

Applicant's Signature

Print Name

NOTE: You MUST complete the questionnaire on the back of this application.

**PLEASE PROMPTLY RETURN YOUR COMPLETED APPLICATION AND CHECK TO:
OLENTANGY SWIM ASSOCIATION, INC., P.O. BOX 111, POWELL, OH, 43065**

Questionnaire
(Please answer all questions. Print or type information requested)

Name: _____ Sex: ___ Date of Birth: ___/___/___

Spouse: _____ Sex: ___ Date of Birth: ___/___/___

Child: _____ Sex: ___ Date of Birth: ___/___/___

Child: _____ Sex: ___ Date of Birth: ___/___/___

Child: _____ Sex: ___ Date of Birth: ___/___/___

Child: _____ Sex: ___ Date of Birth: ___/___/___

Child: _____ Sex: ___ Date of Birth: ___/___/___

Child: _____ Sex: ___ Date of Birth: ___/___/___

Residence Address: _____ Zip: _____

Name of Subdivision (if any): _____

Home Telephone Number: _____

Work Telephone Number: _____

Email Address: _____

Comments:

FOR OFFICE USE ONLY:

App. Received	Membership #	Check #	Amount Rcvd
_____	_____	_____	\$ _____
Date			