

Chapel Gate Swimming Club

Application for General Membership



Name _____ Spouse Name _____

Street _____ City/State _____ Zip Code _____

Email _____ Phone _____

Please list Names and Birthdates for all children under membership: _____

SELECT THE TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING. DUES & FEES CAN BE FOUND IN THE TABLE BELOW:

- **Family Membership:** Includes spouse and un-married children of member who live under the same roof and are under 22 years of age, or under 26 years of age and enrolled as full-time students. It does not extend to live-in adult children, parents or in-laws.
- **Individual Membership:** Must be 18 years of age or older
- **Senior Membership:** Must be 65 years of age or older. (There is currently a waiting list for this membership)
- **Tenured Membership:** Must have held previous bonded membership at Chapel Gate for at least 10 seasons and be age 55 or older.

	FAMILY	INDIVIDUAL	SENIOR	TENURED
APPLICATION FEE ONE TIME PAYMENT AND MUST ACCOMPANY APPLICATION FOR MEMBERSHIP CONSIDERATION	\$150	\$150	\$150	\$150
BOND FEE ONE TIME PAYMENT FOR ONE SHARE OF CLUB <i>***PORTION REFUNDABLE UPON RESIGNATION FROM CLUB AND RE-SALE OF SHARE. PLEASE SEE ARTICLES VI AND VII OF BY-LAWS FOR FURTHER DETAILS</i>	\$600	\$300	No share No vote	No share No vote
ANNUAL MEMBERSHIP DUES CURRENT YEAR MEMBERSHIP DUES. CURRENT RATE EFFECTIVE 11/2020	\$615	\$307.50	\$276.75	\$153.75
TOTAL FIRST YEAR INVESTMENT	\$1,365	\$757.50	\$426.75	\$303.75
SUBSEQUENT YEARS ANNUAL FEES AT CURRENT RATE	\$615	\$307.50	\$276.75	\$153.75

I hereby acknowledge that this is my complete and truthful application for membership at Chapel Gate Swimming Club, subject to the Board of Directors approval or rejection. If accepted for membership, I agree to read and comply with all rules, regulations and by-laws of the Club. These are currently posted at <https://www.chapelgateswimclub.com>

Your Signature _____ Date _____

** SPONSOR: I AM A MEMBER IN GOOD STANDING OF CHAPEL GATE SWIMMING CLUB. THE APPLICANT IS WELL KNOWN TO ME. I HEREBY RECOMMEND THIS PERSON FOR MEMBERSHIP ACCEPTANCE. **

Sponsor Signature _____ Date _____

Sponsor Signature _____ Date _____

MAIL THE COMPLETED APPLICATION AND APPLICATION FEE (\$150.00) TO:

Chapel Gate Swimming Club Membership & Dues / P.O. Box 7735 / Pittsburgh, PA 15215