

Application Form

Date _____

To the Membership Committee of

Orinda Park, Inc.

The undersigned hereby submits application for membership in Orinda Park, Inc., and agrees that if he/she becomes a member he/she will abide by all the rules, regulations and bylaws of the corporation.

Name _____ Phone _____

Street Address _____ City _____ Zip _____

Email Address _____

Name of Spouse _____

Occupation of applicant _____

Name of employer _____

Children	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

Are you interested in having your child/children, if any, join Swim Team? _____

Applicant's Signature _____

A \$25.00 non-refundable application fee is required when requesting placement on the waiting list.

This application is subject to action of the membership committee and the right to refuse application is reserved.

MEMBERSHIP FEES

A membership fee will be charged by the corporation.

This is not a subscription for membership, and neither the applicant nor the corporation incurs any legal liability under this application.

Membership in Orinda Park, Inc. is transferable only with the approval of the Board of Directors of the corporation.