

INDIAN VALLEY SWIM CLUB  
404 Marshall Drive, Walnut Creek CA 94598

## New Membership Application

Referred to IVSC by: \_\_\_\_\_

### MEMBER INFO:

Name: \_\_\_\_\_

Membership Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Additional Family Members:

IVSC bylaws state membership is under same resident roof. Please list family members who may use the club. You must accompany your guests and relatives.

Name	Sex	Birthdate
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

Name to appear on Club Roster: \_\_\_\_\_  
(i.e. The Brown Family, Bob & Betty Brown; Bob Brown & Betty Brown)

### EMERGENCY INFO:

Hospital preference: \_\_\_\_\_

Doctor's Name & Phone: \_\_\_\_\_

Dentist's Name & Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

PAYMENT INFO: Please mark the appropriate boxes.

New Member Fee  \$250.00

Annual Dues  \$700.00

Work Party Deposit  \$200.00

Senior Annual Dues  \$400.00  
(Ages 65 & up)

TOTAL DUE \$ \_\_\_\_\_

Paying in Full

Paying Installments

Paying by check

Paying by credit/debit

Please submit this membership application form. Once your application has been accepted, you will receive a welcome email and invoice. At that time, you may pay by check or credit/debit:

Checks : Please make checks payable to IVSC and mail along with your invoice to:  
404 Marshall Drive, Walnut Creek, CA 94598

Credit/Debit : To pay via credit/ debit/ bank transfer, follow the instructions on your invoice  
Billing questions: please email IVSC Treasurer, treasurer@ivsc.net

By signing this form you assert:

I am a member of the community, in good standing, with no prior criminal convictions that would jeopardize my interaction with children or families.

I have read the rules of the Indian Valley Swim Club and I and my family agree to abide by them.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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For Club Use Only:

Application Date: \_\_\_\_\_ Application Approved: \_\_\_\_\_ NMA2019