



Carson & Myrtle Aves
Gibbstown, NJ 08027

856.423.9745
gibbstownswimclub@yahoo.com

Membership Application

Last name: _____

Address: _____

Phone: _____

Please list the names of two current members who have referred you to
Gibbstown Swim Club:

1. _____ 2. _____

Please indicate the membership in which you are interested:

___ Half Share for 1 person

___ Full Share for 2 or more people

Please continue on next page.

Please list names and ages (as of May28, 2011) of all family members so that the secretary can provide accurate dues.

First and Last Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are you interesting in adding any of the following?

_____ Babysitter bond (\$50 for a babysitter to bring children in parents' absence)

_____ House guest

Please mail this completed form to:

Gibbstown Swim Club
PO BOX 44
Gibbstown, NJ 08027