



Clearview Swim & Health Club



P.O. Box 1111
Aliquippa, Pa. 15001
e-mail: board@clearviewpoolandcivicleague.com

2009 Membership Dues

Family - \$225.00

Individual- \$125.00

Couple 55 and over \$200.00

Individual 55 and over \$100.00

- Dues must be paid by check before **June 1, 2009** or a **\$25.00 late fee** will have to be paid prior to admittance to the pool.

- Please mail to:
Clearview Swim & Health Club
P.O. Box 1111
Aliquippa, Pa. 15001

Please List names of your immediate family

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please List all names of Non-Family Members (i.e. Babysitters)

(If you have Non-Family Members listed, you must meet with Pool Board Officers prior to Pool Season)

Name	Age
_____	_____
_____	_____
_____	_____

Applicant phone Number# _____

Applicant e-mail address: _____

Applicant mailing address: _____

If you own a business or provide a service and would like your fellow pool members to know, please include a business card with your payment and we will post the card at the pool.

Clearview Swim and Health Club
Board of Directors

Please return this Form with your Payment

Pool use only: Date received: _____ Check# _____