



Clearview Swim & Health Club



P.O. Box 1111

Aliquippa, Pa. 15001

e-mail: board@clearviewpoolandcivicleague.com

Clearview Swim & Health Club Membership Application

The Board of Directors of the Clearview Swim & Health Club welcome you to our pool.

The pool is open from Memorial Day to Labor Day. In addition to swimming, we offer many activities that we hope will make your summer more enjoyable. Some of these activities include adult theme parties, teen parties, children's parties and family days. Clearview Pool has a competitive swim team and offers swimming lessons.

Please visit us on the web at: <http://www.clearviewpoolandcivicleague.com/>

We offer family and single memberships (single members are limited to 10% of the overall membership). The costs are as follows.....

FAMILY MEMBERSHIPS

- \$300.00 non-refundable application fee
- \$250.00 yearly maintenance fee (subject to change)
- \$550.00 Total

You may pay the entire \$550.00 which fulfills your application and maintenance fees or you may split the \$300.00 application fee over two years and your payment plan would be as follows:

- \$150.00 ½ of the application fee
- \$250.00 present yearly maintenance fee
- \$400.00 Total over the next two years

NOTE: If you choose to split the application fee over two years you are obligated to pay the second half of the application fee even if you do not rejoin the pool for the second year.

COUPLE MEMBERSHIPS

Couples over 55 by June 1st of the year membership payment plan is as follows:

- \$300.00 non-refundable application fee paid OR ½ over 2 yrs.
- \$200.00 yearly maintenance fee (subject to change)
- \$500.00 Total

SINGLE MEMBERSHIPS

Single membership payment plan is as follows:

- \$150.00 non-refundable application fee paid in full at time of application
- \$140.00 yearly maintenance fee (subject to change)
- \$290.00 Total

Thank you for your interest.

Clearview Swim & Health Club
Board of Directors



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I/We the undersigned hereby apply for membership of to the Clearview Swim & Health Club. I/We agree to the payment terms and described on the previous page. I/We hereby agree to abide by the Clearview Swim & Health Club By-Laws and Pool Rules and Regulations in effect at any given time as enacted and directed by the Members and the Board of Directors.

Please list all the names of your family members:

| 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's Signature: _____ Date: _____

Applicant's Address: _____

Applicant's Home Phone: _____

Applicant's Cell Phone: _____

Applicant's E-mail Address: _____

Approved the _____ day of _____, _____ for _____

CLEARVIEW SWIM & HEALTH CLUB
Board of Directors