



Willow Grove Swim Club, Inc.
Attn: Membership
P.O. Box 11
Fanwood, New Jersey 07023

For Office Use:

Date received: _____

Driver's License Enclosed: _____

WILLOW GROVE SWIM CLUB REQUEST FOR 50+ MEMBERSHIP

Member's Name _____ Membership # _____

Spouse's Name _____

E-Mail _____

We, the above named members of the Willow Grove Swim Club, request 50+ Membership status.

We have met the requirements as outlined by the Board of Governors in accordance with the club's approved by-laws and have enclosed copies of our drivers' licenses (or other documentation) as proof of age.

Member's Signature _____

Date _____

Please email membership@willowgroveswimclub.com if you have any questions.