

**FAIRBRAE SWIM CLUB
696 Sheraton Drive
Sunnyvale, CA 94087**

APPLICATION FOR MEMBERSHIP

NAME:

Husband: _____
Last First Initial

Wife: _____
Last First Initial

HOME ADDRESS: _____
Street City Zip Code

HOME TELEPHONE: _____ **EMAIL ADDRESS:** _____

HUSBAND'S EMPLOYER: _____
Name Occupation

Address Phone #

WIFE'S EMPLOYER: _____
Name Occupation

Address Phone #

Emergency Phone Number: _____

CHILDREN (PLEASE LIST BY FIRST NAME, INITIAL, AGE, AND BIRTH DATE)

I agree to comply with and be bound by the rules and regulations now in effect and as they may be changed during my membership.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Membership Number: _____