

HOMESTEAD HEIGHTS SWIM ASSOCIATION, INC.
 POST OFFICE BOX 15388, DURHAM, NORTH CAROLINA 27704
 E-MAIL: homesteadheightsswimassociation@hotmail.com
 PHONE: (919) 477-0892

2007 MEMBERSHIP APPLICATION

The undersigned applicant requests consideration for membership in the non-profit club, Homestead Heights Swim Association, Inc. To qualify for one (1) Certificate of Membership in the Association, the following terms and conditions must be met by the applicant:

1. Meet with a Membership Committee Representative to review this application and discuss any question either party may have.
2. Receive referrals from at least three (3) members. If you don't know any members, please provide references that live in this area.
3. Obtain approval of application by majority vote of the Homestead Heights Swim Association, Inc. Board Members.
4. Meet the following monetary requirements:
 - a. Pay Initiation Fee \$ 125.00 (One Time Non-refundable Fee)
 - b. Choose Membership Term (Check box for selection)
 - i. Pay the Annual Membership Fee \$ 400.00 or
 - ii. Partial Year Membership Fee \$ 250.00 (July 15th until Pool Closes)

Certificates of Membership are not issued until all monetary requirements are met.
 Partial payments will be forfeited to the Association and will not be refunded.

Complete the following in full. Please Print

Full legal name of applicant(s); Last, First, Middle _____

Names and birth dates of children _____

Home Address _____

County of residence _____ Home phone _____ e-mail address _____

Employer(s), position, and length of employment _____

Husband _____ Business phone _____

Wife _____ Business phone _____

Referrals: (First referral listed will receive recruitment reward)

(1) _____ phone _____

(2) _____ phone _____

(3) _____ phone _____

Have you or any one on the application been convicted of any crimes? Yes ___ No ___. If yes, please explain on a separate sheet.

Signature of applicant(s) _____ Date _____

Our bylaws restrict the total allowable membership. Should we be at our limit at the time of this application, would you prefer your name be added to a waiting list? Yes ___ No ___

* New Members serve a 12 month probation period.

** Please note. You will be contacted when your application and money are received but your application will not be approved until the next monthly board meeting. Once you are contacted by the membership committee you can use the pool facilities unless/until you are told your membership has been declined.

Please mail completed application to:
 Homestead Heights Swim Association, Inc.
 3001 Deerchase Wynd.
 Durham, North Carolina 27712

| | |
|--------------------|--|
| Approved | |
| Disapproved | |
| Attested by | |
| Date | |

Homestead Heights Emergency Contact Information

Please take a few minutes to read and complete this form. We must have a signed completed form for each family that is an active member at Homestead Heights Swim Association. It will be your responsibility to update the form during the current swim season if the information that you are providing at this time changes.

The information that you provide on this form will be used to contact you in the event that there is an emergency with one of your family members while they are at the pool. If an emergency occurs that requires medical attention beyond the first aid that the life guards are trained to provide, and the life guards can not reach you at the contact numbers that you have provided, the life guards will call 911. Please note that some emergencies may require the life guards call 911 prior to contacting you.

If the pool closes early for severe weather conditions or circumstances beyond our control, the on duty life guards will call the contact numbers listed on this form for all non-driving swimmers. If the pool closes for severe weather conditions and the life guards can not reach you within 15 minutes of closing the pool, the member will be fined \$15.00 an hour (or any part of the hour) for the time that the guard has to stay with non-driving swimmers. This is for the safety and protection of you children as well as the life guards. The pool is not a safe place for people in the event of severe weather conditions. **For their own protection, non-driving swimmers will not leave the pool grounds until they are picked up by someone on the emergency contact list.**

Full Name for every family member:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Names and phone numbers of people that should be contacted in an emergency:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Hospital of Choice: _____

Printed name and signature of adult completing this form

Date

Emergency Medical Information

Please list any and all medical information for the family members listed on the front that would be important for either the lifeguards or EMS personnel to know in case of an accident or medical emergency at the pool. Such information would include allergies, medications, diabetes, heart conditions and any other relevant facts.

Family Member

Medical Information

Rules and Regulations Agreement

I have read and agree to abide by the 2007 Homestead Heights Swim Association Rules and Regulations listed on the HHSA website at hhsta.bizhosting.com. If I cannot access this material on the internet, I have asked the pool board of directors for a written copy. This agreement applies to all members of my family.

Signature and Printed Name of Adult

Date