

NINE OAKS SWIM AND TENNIS CLUB
P. O. BOX 322
ROYERSFORD, PA 19468
(610) 948-5230
WWW.9OAKS.ORG

MEMBER INFORMATION FORM

Please fill out the following information and send it in with your membership dues. This will help us make sure our records are up-to-date. PLEASE ATTACH A CURRENT, CLEAR, 3"x 5" or 4"x 6" PHOTO OF YOUR ENTIRE FAMILY AS LISTED BELOW. THIS WILL BE KEPT ON FILE AT THE POOL AND USED TO VALIDATE MEMBERSHIP. FAILURE TO PROVIDE ALL FAMILY MEMBERS' DATA AND A PHOTO BEFORE 5/1/09 WILL RESULT IN A FORFEITURE OF YOUR FREE GUEST PASSES FOR THE 2009 SEASON.

PLEASE PRINT CLEARLY:

MEMBER NAME: _____

SPOUSE/PARTNER NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

CHILDRENS' NAMES/AGES: _____ (*ages as of 8/31/09)

SUMMER CARETAKER/SITTER: _____ (*additional fee applies)
(only if applicable)

(*Per Nine Oaks By-Laws, children below the age of 10 are not allowed to be at the club without adult supervision. Summer caretakers/sitters but be registered as a member's "seasonal guest" and are subject to a fee of \$50.00per person, per season.)

I/We have read the By-Laws and operating rules of the Nine Oaks Swim and Tennis Club (available on the website listed above) and agree to abide by them.

Signature: _____

Date: _____