
Swim & Racquet Club

3500 Kenny Rd., Columbus, Ohio 43221

Membership Application

Thank you for applying to the Swim & Racquet Club!

Applicants for New Membership

1. Please complete the attached application and provide a check for the \$100 application fee made to Swim & Racquet Club.
2. Mail the completed application and check to:
Office Manager
Swim & Racquet Club
3500 Kenny Rd.
Columbus, OH 43221

Existing Members Requesting a Change of Status to a Different Membership

On the application, check the box indicating that you are an existing member applying for a change of status to a new membership category. Then, check the box of the membership category to which you wish to change. There is no application fee. Please mail the application to the above address.

Membership Category Definitions

Family Membership	Membership for one adult (the Member), 18 years or older, who may chose to include, with full membership privileges, a spouse (the Associate) and dependent children younger then 24 years old. Family members have two votes. The Member, Associate and dependent children must be identified as such on the application for membership.
Couples Membership	Membership for one adult (the Member), 18 years or older, who may chose to include, with full membership privileges, a spouse or unmarried adult living in the same household (the Associate). Children may use the club as guests according to guest policies. The Member and the Associate must be identified as such on the application for membership. The Member has one vote.
Senior Membership	Membership for one adult (the Member), 55 years or older, who may chose to include, with full membership privileges, a spouse or unmarried adult living in the same household (the Associate). Children may use the club as guests according to guest policies. The Member and the Associate must be identified as such on the application for membership. The Member has one vote.
Individual Membership	18 years old or older and has 1 vote. Spouse and children may use the club as guests according to guest policies.

Questions?

For pricing information or any other questions, please contact Denise Neds, Office Manager, 614-451-3762.

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Application for New Membership <small>Indicate below the type of membership for which you are applying</small>		Existing Member Change of Status Request <small>Indicate below the type of membership you want to change to</small>				
Type of Membership:		Family	Couples	Senior	Single	
APPLICANT INFORMATION (The "Member") <small>See membership description for definitions of "Member" and "Associate" for the category for which you are applying.</small>						
Name:						
Date of Birth:				Age:		
Residence Address:						
City:			State:		Zip:	
Home Phone:			Work Phone:			
Current Employer:						
E-Mail:						
ASSOCIATE INFORMATION (If Applicable) <small>See membership description for definitions of "Member" and "Associate" for the category for which you are applying.</small>						
Name:						
Date of Birth:				Age:		
E-Mail:						
DEPENDENT CHILDREN						
		Name		Month	Day	Year
M	F					
M	F					
M	F					
M	F					
M	F					
Applicants for new membership must enclose a non-refundable check for \$100.00, which is to be applied toward Initiation Fees upon acceptance of the application.						
Signature of Applicant:				Date:		
OFFICE USE ONLY						
Application Received:		Membership #		Initiation Fee	Full	Installments: