

Newburgh Swim Club

Mailing Address: P.O. Box 531073
Livonia, Michigan 48153-1073

Attn: Membership Chairperson

MEMBERSHIP UPDATE FORM

We update our membership records each year. Please send this form along with your **Annual Dues and Work Fee** payment.

Membership # _____

Name: First _____ Last _____

Spouse: First _____ Last (if different): _____

Address _____

City _____ Zip Code (9 Digit) _____

Telephone (____) _____

Email _____

Children living **at this address**:

Name/Birthdate: _____

Name/Birthdate: _____

Name/Birthdate: _____

Name/Birthdate: _____

Name/Birthdate: _____

Please provide additional contact numbers in case we need to reach you in an emergency. We require this if children under 18 will be present without an adult.

Primary: Work (____) _____ Cell (____) _____

Spouse Work (____) _____ Cell (____) _____

Other Emergency Contact (Name and Telephone) _____

A large number of skills such as plumbing, electrical, construction, gardening, accounting, administration, legal, insurance, marketing, medical, computer, communications, and web are needed to keep the club running smoothly. We like to consult with members that have expertise in these areas when the need arises. Please let us know your occupation or special skills.

Primary Occupation / Special Skills: _____

Spouse Occupation / Special Skills _____