



CARDINAL HILL SWIM AND RACQUET CLUB
P.O. BOX 190 VIENNA, VIRGINIA 22183
EMAIL CHSRCVIENNA@CHSRC.COM
Phone: 703-938-0858

| MEMBERSHIP APPLICATION | | |
|---|-----------------|-------------|
| APPLICANT INFORMATION | | |
| Family Name: | Primary Member: | |
| Home Phone: | Cell Phone: | Work Phone: |
| Spouse: | Cell Phone: | Work Phone: |
| Current Address: | | |
| City: | State: | ZIP Code: |
| Email: | | |
| Email 2: | | |
| EMERGENCY CONTACT | | |
| Name of a relative/friend not residing with you: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |
| CHILDREN LIVING AT HOME (NAME & BIRTHDATE REQUIRED) (Children over the age of 21 Must Provide Proof of Residence) | | |
| Name: | Birth Date: | |
| Name: | Birth Date: | |
| Name: | Birth Date: | |
| Name: | Birth Date: | |
| SIGNATURE | | |
| <p>The undersigned hereby submits application for membership in the Cardinal Hill Swim and Racquet Club and agrees to abide by all rules, regulations, and by-laws of the Club. It is understood that admission to membership is subject to action of the Board of Directors.</p> | | |
| Signature of primary applicant: | | Date: |

FOR OFFICE USE ONLY

| | | |
|-----------------------------|-------------------------|---------------------|
| Received \$25 Deposit | Date ____ / ____ / ____ | Check Number: _____ |
| Sent Leasing Agreement | Date ____ / ____ / ____ | |
| Offered Full Membership | Date ____ / ____ / ____ | |
| Received Membership Payment | Date ____ / ____ / ____ | Check Number: _____ |