

Location: 738 Dick Street

Mailing Address: PO Box 426 Gibsonville NC 27249

Email: thepool@gsrconline.com

Telephone: 336-449-4100

Website: www.gsrconline.com



The following is submitted in support for a new 2019 Family membership:

Applicant Name	Date of Birth	Occupation/Employer	Cell Phone
1.			
2.			

Residence Address:	Mailing Address:	Residence Phone:

Email Address:

Name(s) and dates of birth of children living in the household:

Child Name	Date of Birth	Child Name	Date of Birth

Location: 738 Dick Street

Mailing Address: PO Box 426 Gibsonville NC 27249

Email: thepool@gsrconline.com

Telephone: 336-449-4100

Website: www.gsrconline.com

I declare that all the above information is true, correct and complete, and can be used by the Corporation's Board of Directors to determine eligibility for becoming and remaining a member of said Corporation. Should any changes occur in this information, except for a change in dependent children through birth, legal adoption or death, I shall notify the Corporation within a period of two (2) months. I also understand that if there is a change in the status of the relationship between the individuals indicated as Co-owners of the Membership, such that the membership no longer qualifies under terms and conditions specified in the Bylaws, the Membership may be terminated by the Board of Directors. Disposition of such membership will be according to the names specified on the Application for Membership and/or Certificate of Membership.

As a condition of this application, I acknowledge that I have reviewed, or had the opportunity to review, the Bylaws of the Gibsonville Swim & Racquet Club, Inc. (available at www.gsrconline.com) and agree to be bound by those terms, as well as the posted rules for pool use.

Signature: _____

Applicant 1

Applicant 2

Date: _____

Date: _____

.....

Recommended by Corporation Members shown below (2 required)

Member Name:		Member Name:	
Member Signature:		Member Signature:	

* Action of Board of Directors: _____ Approved _____ Declined

Date: _____ Signed _____

Location: 738 Dick Street

Mailing Address: PO Box 426 Gibsonville NC 27249

Telephone: 336-449-4100

Email: thepool@gsrconline.com

Website: www.gsrconline.com

GIBSONVILLE SWIM & RACQUET CLUB, INC.

MEMBERSHIP FINANCING CONTRACT

In order to be considered a member of the Gibsonville Swim & Racquet Club, Inc. this Application must be approved by the Board of Directors and the Applicant must pay the \$400 non-refundable membership fee* and the current year's dues.

As per the bylaws, Article VII, Section I, "Annual dues shall be set by the Board of Directors per family unit and shall be due on or before Opening Day of each year." Withdrawing members shall be refunded paid dues if such withdrawal occurs on or before opening date.

I have read and understand the above provisions.

Signed: _____

Date: _____

Mailing Address: _____

For Gibsonville Swim and Racquet Club, Inc

Treasurer: _____ Date: _____

*Membership fee is currently \$400. This is subject to change.

Rev:2018-12-24