

## **BHSC MEMBERSHIP DUES, FEES AND CERTIFICATE 2020**

2020	1st YEAR	2nd YEAR	3rd YEAR & Future years
<b>DUES</b>	\$450	Current Dues	Current Dues
<b>MEMBERSHIP CERTIFICATE / BOND</b>	\$50*	\$50*	
<b>TOTAL</b>	<b>\$500</b>	<b>Dues + \$50</b>	<b>Current Dues</b>

\*BALDWIN HILLS SWIM AND TENNIS CLUB is a nonprofit, member run organization. To validate Membership, every Member **must** be a Certified Member. The fee for this requirement is \$100.00 for a Member Certificate / Bond that will be issued upon payment of this amount (only one is required per family). Upon receipt of a letter of resignation from the Club and the return of the Certificate, this \$100 will be refunded to the Member.

Guest Fees: Your first five guest fees are free with a paid membership. Additional guest fees are \$5 each, and guest passes in groups of five (\$25) or more can be purchased by check sent to the pool treasurer or delivered to a Board Member at the pool. Paid, but unused, guest passes will carry over from year to year. A record of paid guest passes and usage is maintained at the pool.

**BALDWIN HILLS SWIM AND TENNIS CLUB  
MEMBERSHIP INFORMATION AND APPLICATION**

Membership in the Baldwin Hills Swim and Tennis Club is open to anyone who completes an application, pays all required initiation fees, pays annual dues and regular or special assessed fees (e.g. Membership Certificate fee, guest fees, fee in lieu of member service requirement), completes required forms and member obligations, and complies with all policies and rules of the Baldwin Hills Swim and Tennis Club so as to remain a member in good standing. A copy of the Club By-Laws can be found at the pool.

Membership is limited to those individuals who reside at the member's address. All members must be listed on this Membership Information Form.

Membership Picture: A picture of each person listed on the Membership (an individual or group picture of the members is acceptable) must be provided and will be kept at the pool.

- Pictures aid lifeguards in identifying and learning members.
- Pictures help identify non-members and aid in the collection of required guest fees.

Family Name (please print): \_\_\_\_\_

Membership Address: \_\_\_\_\_

\_\_\_\_\_

Name of Members \_\_\_\_\_

List ages of children less than 16 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

- Emergency phone number will be used to contact a member if the family/member cannot be reached at the first number listed above.
- It is the Member's responsibility to update their phone or emergency contact if a change should occur.

The undersigned agrees to all individuals listed on this membership shall abide by all Baldwin Hills Swim and Tennis Club By-Laws, Pool Rules and Regulations.

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Print Name

Signature

Date

Baldwin Hills Swim Club does not discriminate on the basis of race, color, religion, sex, or nationality.

**BALDWIN HILLS SWIM AND TENNIS CLUB**  
**DUES INVOICE AND MEMBERSHIP SERVICE REQUIREMENT**  
**2020**

Complete and return this sheet with dues payment (payable to Baldwin Hills Swim Club)  
to: Treasurer, Casey Sisulak, 1153 Jeffrey Drive, Crofton, MD 21114, 410-507-9523

**DUES: \$500.00 (\$450 dues + Year 1 \$50 Membership Certificate fee – includes first five guest free\*\*\*)**

**Note: Pay by May 1<sup>st</sup>, receive \$20 off dues!**  
**Pay between May 2<sup>nd</sup> and May 23<sup>rd</sup>, dues are normal price.**

Dues amount enclosed: \_\_\_\_\_

Donation enclosed: \_\_\_\_\_

\*Donations will go towards improving the building & grounds. Your generosity and continued support are greatly appreciated.

ADDRESS \_\_\_\_\_

NAME (print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Your dues payment and signature indicate you have read the enclosed newsletter and agree to abide by all rules and policies set forth by Baldwin Hills Swim and Tennis Club and posted at [www.baldwinhillsswimclub.com](http://www.baldwinhillsswimclub.com)

**MEMBERSHIP SERVICE REQUIREMENT**

Circle one from the choices listed below

1. Spring Grounds Clean-Up and Board Meeting: Saturday, April 25, 2020 or May 2, 2020
2. Fall Grounds Clean-Up: Date TBD (usually first weekend in December)
3. Clean Pool House
  - Cleaning schedule will be coordinated through the Board; if you choose this option, you will be contacted by a board member to schedule a date for cleaning (cleaning supplies provided)
4. Cut property grass – please contact [baldwinhillsswimclub@gmail.com](mailto:baldwinhillsswimclub@gmail.com) to sign up for a week if interested
5. Financial Payment \$50.00 (Check Enclosed)

\*\*\*Your family's first five guests are free. Additional guest passes can be purchased in groups of five (\$25) or more by check, payable to Baldwin Hills Swim Club, mailed to the Treasurer or delivered to a Board Member at the pool.

**MEMBER REFERRAL PROGRAM**

Receive \$50 off your membership by referring another member family who joins. Refer 5 or more new member families that join and receive a free 2020 BHSC Membership!

## BALDWIN HILLS SWIM AND TENNIS CLUB

### BHSC MEMBERSHIP INFORMATION AND HEALTH FORM UPDATE 2020

FAMILY NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEMBERS (Print)	Child's Age	Special medical conditions (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A **PICTURE** MUST BE ON FILE AT THE POOL FOR **EACH** MEMBER LISTED ABOVE

- Provide **CURRENT** photos if pictures on file are 2+ years old
1. Provide ANY MEMBERSHIP UPDATES for the pool records.
  2. Adults may use a copy of their license and children may use a copy of school pictures. If your pictures need to be updated, a note will be added to the bottom of this page.
  3. Send back this health form with your dues payment.

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### PARENTAL PERMISSION FOR YOUR CHILD TO BE AT THE POOL ALONE

**Please note that any behavioral issues from your child at any time may revoke their privileges to attend the pool alone.**

MY CHILD IS AT LEAST 13 YEARS OLD AND HAS PASSED THE SWIM TEST UNDER THE SUPERVISION OF THE LIFEGUARDS AT BHSC.

CHILD'S NAME \_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

TEST PASSED DATE / LIFEGUARD \_\_\_\_\_