

BHSC MEMBERSHIP DUES, FEES AND CERTIFICATE 2025

	1st YEAR	2nd YEAR	3rd YEAR & Future years
DUES	\$625	Current Dues	Current Dues
INITIATION FEE	\$50*	\$50*	\$0
TOTAL	\$675	Dues + \$50	Current Dues

*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 paid as an initiation fee over the first two years of membership (only one is required per family).

Baldwin Hills Swim Club was selected as the Winner for the 2022 Best of Millersville Awards in the category of Swim Club.

The Millersville Award Program's purpose is to support and offer public recognition of the contributions of businesses and organizations in and around Millersville.



BALDWIN HILLS SWIM AND TENNIS CLUB

DUES INVOICE REQUIREMENT

2025

Complete and return this sheet with dues payment (payable to Baldwin Hills Swim Club) to: Treasurer, Casey Sisulak, PO Box 291, Crownsville, MD 21032 or PayPal using email baldwinhillsswimclub@gmail.com – **please include \$20 processing fee if using PayPal**

DUES: \$675.00 (\$625 dues + Year 2 \$50 Membership Certificate fee)

Note: Pay by April 15th, receive \$25 off dues!

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

****Please note that it is required to submit all paperwork, pictures, and full payment prior to ability to utilize the pool facility****

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 2025 BHSC Membership!

BALDWIN HILLS SWIM AND TENNIS CLUB

BHSC MEMBERSHIP INFORMATION AND HEALTH FORM UPDATE 2025

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 payment.

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 _____