

## **BHSC MEMBERSHIP DUES, FEES AND CERTIFICATE 2025**

	1st YEAR	2nd YEAR	3rd YEAR & Future Years
<b>DUES</b>	\$625	Current Dues	Current Dues
<b>INITIATION FEE</b>	\$50*	\$50*	\$0
<b>TOTAL</b>	<b>\$675</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 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  
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, party fees, or guest fees completes required forms 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 provided if requested.

**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

### 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](mailto:baldwinhillsswimclub@gmail.com) – **please include \$20 processing fee if using PayPal**

**DUES: \$675.00 (\$625 dues + Year 1 \$50 Membership Certificate fee)**

How did you hear about us? \_\_\_\_\_

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)

**\*\*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 (preferred) 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 \_\_\_\_\_