



Darien Swim & Recreation Club

1001 Hinsbrook Ave. Darien, IL 60561 Phone: 630-964-8656 e-mail: info@darienswim.com

2019 MEMBERSHIP APPLICATION AND RENEWAL FORM

PLEASE COMPLETE, SIGN AND MAIL YOUR APPLICATION WITH PAYMENT TO THE ABOVE ADDRESS OR DROP IN DSRC DROP BOX

To receive DSRC newsletters & event announcements you MUST sign up for our email list at www.DarienSwim.com

Last/Family Name _____ Phone _____ Email Address _____

Address _____ City _____ Zip Code _____

New Member—Referring Family _____

First Name	Last Name (If Different)	Age (if under 18)	DSRC ID# (on back of pass)

Membership Dues: Please check applicable box

2019 Season Rates.....	<input type="checkbox"/> Family	<input type="checkbox"/> Bonded	<input type="checkbox"/> Couples	<input type="checkbox"/> Single**
Early Bird Discount: Pay by May 20, 2019	\$455	\$375	\$335	\$259
2019 Rates (Paid after May 20, 2019)	\$499	\$419	\$349	\$279

****Single memberships available for adults age 18 or older ONLY.**

We, the undersigned, hereby apply for membership in the Darien Swim & Recreation Club, Inc., an Illinois not-for-profit corporation organized for the purpose of owning and operating a private swimming pool and clubhouse. We understand that (1) neither the Equity Bond nor the Non-Equity initiation fee include any portion of annual dues; (2) membership can be held only in accordance with the Club's bylaws and the current Membership Information Booklet; and (3) the Board of Directors will levy annual dues to support the Club's operation and maintenance. **All payments are non-refundable.** We further understand that no portion of the 2018 dues is tax deductible as a charitable contribution. Applications will only be accepted through the payment methods described above. Membership is restricted to only household members living at the address on the application. The transfer of membership or membership credentials is strictly prohibited. Violators are subject to revocation of membership without a refund of fees or dues paid.

Applicant's Signature _____ Date _____

Please return completed application with payment to pool address above. Make checks payable to Darien Swim & Recreation Club. To pay via credit card, please complete the following. Please type or print legibly. **A convenience fee will be added to membership dues paid with credit or debit cards.**

Name (as it appears on your card): _____

Credit Card Number _____ CVV2 Number * _____

Expiration Date: Month _____ Year _____ Total charge _____ (Membership dues + \$15 convenience fee)

* This number is printed in the signature area on the back of the card (the last 3 digits after the credit card number).

Cardholder Signature (authorization for payment) _____