SHADOW BROOK SWIM CLUB
ASSOCIATE MEMBERSHIP WAITING LIST APPLICATION

Last Name: _____
(to be used as SBSC Record Locator)

Name - Last _____ First: _____

Address:_____

Phone:_____ Email: _____

Spouse's Name - Last _____ First: _____

Chldren - Names & Ages _____

Shadow Brook Swim Club (The "Club") is not a public facility and reserves the right to accept or reject any applicant for Associate Membership. The Club reserves the right to eliminate Associate Memberships and to reduce the number of Associate Memberships.

Receipt of this application confers no rights whatsoever upon the applicant other than to be placed, based on the time when the completed application is received, on the waiting list for the possible invitation to become an Associate Member on such terms as The Club may offer.

If an invitation is so extended, and it is not accepted, you must reapply to be put onto the waiting list.

Becoming an Associate Member does not create a right to continue as an Associate Member from year to year, although it is presently the policy of The Club to permit the current Associate Members the first right to renew their membership.

The three conditions of being put onto the waiting list are:

1. You must reside within the 95120 zip code;
2. You must complete this form and mail it to:
   P.O. Box 20271
   San Jose, Ca 95160-0271
3. You must enclose a check payable to Shadow Brook Swim Club in the amount of $20.00 as a non-refundable processing fee.

I understand the foregoing:

_____ _____
Signature of Applicant Date

Received by Shadow Brook Swim Club Representative:

SBSC Acceptance: _____ _____

Signature Print Name Date