

West Laurel Swim Club

P.O. Box 217, Laurel, MD 20725

(301) 725-2034

wlswymclub@gmail.com

EMPTY NESTER REQUEST FORM

NAME _____ MEMBER NUMBER _____

ADDRESS _____
Street City State Zip Code

HOME PHONE _____ WORK PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

NAMES(s) and BIRTHDATE(s) of RESIDENTS:

Name Birth date

Name Birth date

Empty Nester Membership is defined as any household which consists of only one or two occupants age 55 years or older. The membership will be entitled to a \$100 discount of the Annual Maintenance Fee. An Empty Nester Membership Request form must be submitted and approved by the Board of Directors on an annual basis. Households where dependents reside during the summer months are not eligible for the Empty Nester membership.

I have read the Empty Nester Membership policy above and accept the conditions.

I certify that the above person(s) is (are) the sole occupant(s) of the household.

Signature of Applicant

Date

FOR CLUB USE ONLY:

DATE: REQUEST RECEIVED: _____ PENDING APPROVAL LETTER SENT: _____ PRESENTED TO BOARD _____

DATE: APPROVAL/DENIAL LETTER SENT: _____ REQUEST WAS: _____ APPROVED _____ DENIED

NOTES _____
