

Madeira Swim & Tennis Club
MEMBERSHIP APPLICATION

Date _____

NAME: Last _____ First _____

Spouse _____

ADDRESS: _____ Zip _____

PHONE: _____

OCCUPATION: Husband _____ Wife _____

EMAIL: _____

<u>Name of Household Members</u>	<u>Relation</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature

Please complete and return with check for \$100 to: Madeira Swim & Tennis Club
PO Box 43037
Cincinnati, OH 45243