



**Regency Estates Swim Club**  
**P.O. Box 341913**  
**Bethesda, MD 20827-1913**  
**Phone: 301-299-5208**

# New Member Application

(Current Members should return the Invoice that was mailed to them.)

Membership No. \_\_\_\_\_

Date: \_\_\_\_\_

Paid Nonrefundable Capital Improvement Fee: \$ \_\_\_\_\_

Paid Dues at Joining: \$ \_\_\_\_\_

Paid Certificate Fee at Joining: \$ \_\_\_\_\_

All Fees, Certificate costs and Annual Dues are set each year by the Board and approved by the Full Membership. Ask the Membership Chairman about the current rates and any assessments in effect before you apply. You can call the pool office or check out the club's web site at <http://www.rescswimpool.org/> for current information.

Office use only above line. Applicant—Please Print Entries Below except for signature(s) on page 2. See page 2 for additional information.

## Member Information (Please complete all information below) —

Member information is for club use only. It is not shared with outside organizations or individuals.

Member Category (mark applicable Category based on Club rules):  Family  Two Person  Single Adult

Applicant Full Name:

Spouse Full Name:

Home Street Address:  City:  State:  ZIP code + 4:

Home Phone #:  E-mail address for Club notices:

*For your comfort and security, only listed Cardholders and paid Guests will be admitted to the facilities. All Guests must be accompanied by a Cardholder. Cards are issued at the pool office with proper ID. Lost cards may be replaced for a fee. Contact information is for use in case of illness or accident, or club business, and is available only to Club and Pool Management.*

### Contacts when *not* at home —

Dad Work #

Mom Work #

Cell/Pager #1

Cell/Pager #2

Emergency Contact (family/neighbor/friend):

Emerg. Contact #

Family doctor or dentist to call if injured or ill:  
 Doctor name

Doctor phone #

Dentist name

Dentist phone #

### Cardholder List—

(Be sure to list each adult Applicant, Child, Care-Giver, and each additional approved resident member):

First Name Last Name Relationship\* Gender Birth date\*\*

First Name	Last Name	Relationship*	Gender	Birth date**

*\*We categorize Cardholder relationships as follows: adult Member(s), Child of Member, Grand-Parent of Member's Child, a family Care-Giver, or Other if approved by the Board. \*\*Birth date required only for children.*

Please mark if your children are interested in: Swim Team \_\_\_\_\_ Dive Team \_\_\_\_\_ Pre-Team \_\_\_\_\_  
 Swim Lessons \_\_\_\_\_ Dive Lessons \_\_\_\_\_

**Regency Estates Swim Club, Inc. — Applicants please note:**

According to Article II, Section 1 of the RESC By-laws: **“A family unit shall consist of the head of a household and the permanent resident members of the family and, upon approval by the Board of Directors, any other person temporarily residing with the family.”**

However, club rules require that **Care-Givers** who accompany members and/or their children to the pool, whether or not they reside in the household (e.g., responsible baby-sitters, personal aides, au pairs) **MUST be registered and pay the established additional fee for the season.** Otherwise, daily Guest Fees apply. You may list Care-Givers with other family Cardholders and pay the required fees with your dues.

**Reminder:** Member dues and fees are *not* a tax deductible expense. This is a members-only community club. All Members are Fully Liable for the Timely Payment of their Annual Dues and if not paid in full, are liable for Late Fees and denial of facility use until payments are complete. Unless otherwise notified, Annual Dues must be received by April 15 each year.

**Statement of Applicant (please read carefully):**

I warrant and declare that the answers to the questions on this application form are true and correct and that Regency Estates Swim Club, Inc. may rely thereon in acting upon this application.

I understand that if this application is accepted, the Corporation’s facilities will be available, during regular opening hours only, for the use of the persons listed as Cardholders and their Guests who pay the Guest Fee upon entry. Cardholders agree to comply with published Pool Rules, and are responsible to assure that their Guests also comply with Pool Rules. Club-sponsored events include scheduled swimming and diving competitions and social activities that will restrict members from using some or all of the facilities for normal recreational activities during certain periods on the day of the event. These periods will be posted.

It is understood that any assessed Capital Improvement Fee cannot be refunded and that the Corporation’s By-Laws do not require a refund of regular Dues if the pool facilities are unavailable to members. All answers to the questions herein will be held personal and confidential and will be used only for the purposes of conducting the Corporation’s business.

\_\_\_\_\_ Date  
\_\_\_\_\_ Signature of Applicant

**New Member was referred to RESC by:** \_\_\_\_\_

Office use only below this line.

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Application: Approved / Disapproved

\_\_\_\_\_ Chair, Membership Committee  
\_\_\_\_\_ Date

**Application:** Approved / Disapproved

\_\_\_\_\_ President, RESC, or designee  
\_\_\_\_\_ Date

**Initial Payment Received:** Cash/Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_