



CARDINAL HILL SWIM AND RACQUET CLUB
P.O. BOX 190 VIENNA, VIRGINIA 22183
EMAIL CHSRCVIENNA@CHSRC.COM
Phone: 703-938-0858

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Family Name:	Primary Member:	
Home Phone:	Cell Phone:	Work Phone:
Spouse:	Cell Phone:	Work Phone:
Current Address:		
City:	State:	ZIP Code:
Email:		
Email 2:		
EMERGENCY CONTACT		
Name of a relative/friend not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
CHILDREN LIVING AT HOME (NAME & BIRTHDATE REQUIRED) (Children over the age of 21 Must Provide Proof of Residence)		
Name:	Birth Date:	
Name:	Birth Date:	
Name:	Birth Date:	
Name:	Birth Date:	
SIGNATURE		
The undersigned hereby submits application for membership in the Cardinal Hill Swim and Racquet Club and agrees to abide by all rules, regulations, and by-laws of the Club. It is understood that admission to membership is subject to action of the Board of Directors. I am mailing payment of \$25 non-refundable application fee.		
Signature of primary applicant:		Date:

FOR OFFICE USE ONLY

Received \$25 Deposit Date ____ / ____ / ____ Check Number: _____

Sent Leasing Agreement Date ____ / ____ / ____

Offered Full Membership Date ____ / ____ / ____

Received Membership Payment Date ____ / ____ / ____ Check Number: _____