

(For official use only) Received: _____ Processed: _____ Household Last Name: _____

Lombard Swim Club Associate Waitlist Application **2021**

To be placed on the Waitlist for membership at Lombard Swim Club, please complete this application, include the \$100.00 non-refundable application fee and, return to:

**Lombard Swim Club
2040 Lombard Street
Philadelphia, PA 19146**

Name

Address

City State ZIP

Phone 1 Phone 2

Email 1 Email 2

Number of Adults in Household Number of Children in Household Birth Year(s) of Child(ren)

\$100. Application Fee Check Visa MasterCard Amex Discover

Credit Card Number

Expiration Date Security Code

Signature (required to process credit card)

Upon receipt of non-refundable application fee, Lombard Swim Club will confirm your placement on the Waitlist and provide your household with a Waitlist number, by mail

Remember to keep your Waitlist record current. Email us with updated contact info, household size or if you decide to be removed from the Associate Membership Waitlist

Questions? – Please email us at info@lombardswimclub.com