

The Fort Thomas Swim Club
P.O. Box 75084

Fort Thomas, KY 41075
<http://www.ftscsharks.com>

**THIS FORM MUST BE
RETURNED WITH DUES.
2017**

CERTIFICATE # _____ ISSUED TO: _____
(Can be found on envelope mailing label)
STREET/CITY/STATE/ZIP: _____

TELEPHONE: _____ cNotify Phone # _____

e-mail address: _____ Second cNotify # _____

PLEASE PROVIDE ALL REQUESTED INFORMATION ON THIS FAMILY STATUS FORM.

FAMILY STATUS FORM

I hereby certify that the persons listed below are a "Family Unit". THE FAMILY UNIT AS USED HEREIN, SHALL CONSIST OF THE RECORD OWNER(S) OF THE CERTIFICATE OF MEMBERSHIP AND ANY OF THE FOLLOWING PERSONS, PROVIDED THEY RESIDE IN THE SAME HOUSEHOLD: HIS OR HER SPOUSE, PARENTS OF THE OWNER OR THE OWNER'S SPOUSE, ANY UNMARRIED CHILD OF THE OWNER OR THE OWNER'S SPOUSE; EXCEPT IN NO EVENT SHALL A DIVORCED OR WIDOWED CHILD AND THEIR CHILD OR CHILDREN BE CONSIDERED AS PART OF THE FAMILY UNIT. I understand that any false statements will subject my membership to cancellation by the Board of Directors.

First Name (include last name if different from certificate holder) _____
MARRITAL STATUS OF BOND HOLDER:
Married___Divorced___Widowed___Single___

Bond Holder	1.	Date of Birth & Current Age	Relationship (son, daughter)
Spouse	2.	_____	_____
Children	3.	_____	_____
	4.	_____	_____
	5.	_____	_____
	6.	_____	_____
	7.	_____	_____
	8.	_____	_____
Other	9.	_____	_____
	10.	_____	_____

The above information is true and correct.

DATE: _____ SIGNATURE: _____

I have also been provided with the club rules and regulations and agree to abide by them. SIGNATURE: _____

- - - -FOR SWIM CLUB USE ONLY- - - -DO NOT WRITE BELOW LINE- - - -

Amt. Paid \$ _____ Check # _____ Date Paid: _____

Guest Pass # _____ Amt. Due \$ _____ Board Review _____