



**Regency Estates Swim Club**  
**P.O. Box 341913**  
**Bethesda, MD 20827-1913**  
**rescpool@gmail.com**

**August 2017 Limited Time**  
**Membership Application**

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

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

**Limited Time Membership for August 1 - September 4, 2017 - \$199.00**

The \$199 fee may be credited to the Membership Certificate fee if the Limited Time Member decides to obtain a Full Membership for the 2018 season. Full Membership will require a formal application and payment of all other applicable fees and dues. Information about the Club and membership requirements is available at <http://www.rescswimpool.org>.

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:**  August Special  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:**

**Dad Cell Phone #:**  **Mom Cell Phone #:**

*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.*

**Cardholder List—**

(Be sure to list each adult applicant and child):

First Name	Last Name	Relationship (Member/son/ daughter)	Gender (M/F)	Birthdate

**Regency Estates Swim Club, Inc. — August 2017 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.”** Caregivers 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 Caregivers 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.

**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 from August 1, 2017, through September 4, 2017, (or any partial period during that time, based on the date of application and payment), solely 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.

I understand that this application is available only to those who are not current Members of RESC and have not been members for at least the previous 3 years (*i.e.*, from 2014 to the present). I certify that I meet this requirement. It is understood that the Corporation’s Bylaws do not require a refund if the pool facilities are unavailable to members. I also understand that if I choose to seek a full Membership in RESC, I will be required to submit a separate application and, if accepted, to make payment of a Nonrefundable Initiation Fee, a Membership Certificate Fee (to which my \$199 payment will be credited), and Annual Dues. 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

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Office use only below this line.

**Application:** Approved / Disapproved

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

\_\_\_\_\_ Date

**Application:** Approved / Disapproved

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

\_\_\_\_\_ Date

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

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