

**Cricket Swim and Racquet Club
P.O. Box 464911
Lawrenceville, GA 30046**

MEMBERSHIP APPLICATION

Family Name (Last Name): _____

Husband's First Name: _____ Wife's First Name: _____

Address: _____ Phone: _____

_____ Subdivision: _____

Children:	Name	D.O.B.	Age
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____

Other People Living in Home: _____

Work Phone #: Husband: _____

Wife: _____

Email Address: Husband: _____

Wife: _____

Emergency Contact: Name: _____

Phone #: _____

Are you or your spouse willing to serve on a Committee? Yes: _____ No: _____

Signature: _____ Date: _____