

**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: _____