

SEASIDE BEACH CLUB

PO Box 61, Westerly, RI 02891

Membership Application

Name: _____ Email: _____

Spouse's Name: _____

Address: _____ Phone: (H) _____ (C) _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Please list all children under 6 years of age and their date(s) of birth:

1. _____ 2. _____

3. _____ 4. _____

Please list all children ages 6 through 11 and their date(s) of birth:

1. _____ 2. _____

3. _____ 4. _____

Please list all children ages 12 through 17 and their date(s) of birth:

1. _____ 2. _____

3. _____ 4. _____

Please list all domiciled adults living with the applicant and date(s) of birth:

1. _____ 2. _____

Recommendations of current Seaside Beach Club members:

1. _____ 2. _____

Would you like to be added to the bathhouse (locker) waiting list? Yes _____ No _____

Would you like to be added to the cabana waiting list? Yes _____ No _____

Would you be willing to accept a weekday only membership? Yes _____ No _____

Have you ever been a member of Seaside Beach Club? _____ If YES, please explain:

Do not send any money at this time. If membership is accepted you will be notified by mail with payment instructions. Any misrepresentation on this application will void membership. All members and guests using the club's premises do so at their own risk. Seaside Beach Club is not responsible for loss, theft, fire, damage or injury to any vehicle, property and/or person.

Please do not call Seaside or Westerly Dental Group concerning your application. If your membership is accepted you will be notified in mid-May.

Sign name: _____ Print name: _____ DATE: _____