

The Seaside Beach Club, Inc.

PO Box 61, Westerly, RI 02891

Seasonal Membership Application

Name:		Email:	
Spouse's Name:			
Street Address:		Home phone:	Cell phone:
City:	State:	Zip:	
Occupation:		Employer:	
WOULD YOU LIKE TO BE ADDED TO OUR BATHHOUSE WAITING LIST? YES_____ NO_____			
WOULD YOU LIKE TO BE ADDED TO OUR CABANA WAITING LIST? YES_____ NO_____			
WOULD YOU BE WILLING TO ACCEPT A WEEKDAY MEMBERSHIP FOR ONE YEAR, THEN A GUARANTEED FULL MEMBERSHIP THE FOLLOWING YEAR? YES_____ NO_____			
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 thru 11 and their date(s) of birth:			
1.		2.	
3.		4.	
Please list all children ages 12 thru 17 and their date(s) of birth:			
1.		2.	
3.		4.	
Please list all domiciled adults living with applicant and dates of birth of each:			
1.		2.	
Recommendations of current Seaside Beach Club Members:			
1.		2.	
Do not send money at this time If your membership is accepted, you will be notified by mail with payment instructions. Any misrepresentation on this application shall 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 THE STATUS OF YOUR APPLICATION. WE WILL CONTACT YOU IN MID-MAY.			
Sign name:		Print name:	Date: