

**Cape St. Claire Swim Club Inc. (CSCSC)**  
1320 Cape St. Claire Road #351, Annapolis, Maryland 21409  
[membership@capeswim.org](mailto:membership@capeswim.org) | [capeswim.org](http://capeswim.org)

## Membership Application

### Instructions

[Please refer to capeswim.org](http://capeswim.org) for a detailed explanation of the process for becoming a Cape St. Claire Swim Club Inc. (CSCSC) member. Submission of a complete application does not guarantee approval of a membership transfer. The applicant family must obtain and attach a brief written recommendation from a current member in good standing who is not the seller or terminating member.

Please email the completed application and the written recommendation to the CSCSC Membership Chairperson at [membership@capeswim.org](mailto:membership@capeswim.org). They will contact you with next steps once your application has been reviewed. Please contact the Chairperson with any questions.

### Transferring Member Information

I/we, the undersigned Cape St. Claire Swim Club Inc. (CSCSC) member(s) do hereby transfer all rights, privileges, liabilities, obligations, and responsibilities of membership in the CSCSC to the applicant(s) named below. I/we understand that this transfer is subject to approval by the CSCSC Board of Governors, and that I/we remain responsible for all outstanding member obligations, financial and otherwise, to CSCSC.

<b>Membership Number</b>	
<b>Amount Charged for Transfer</b>	

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**Member Name**

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**Member Spouse/  
Domestic Partner Name**

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**Member Signature**

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**Member Spouse/  
Domestic Partner Signature**

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**Date**

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**Date**

## Applicant Information

The applicant family should list all family members residing at their home address whom they wish to have access to CSCSC amenities. A family member is defined as the first named member, their spouse/domestic partner, their children, and other relatives residing at the address on record.

First Name	Last Name	Date of Birth	Relationship to Applicant

Please add more rows to the above table or attach a supplemental sheet if there are additional same-address family members that should be listed on the membership.

<b>Address</b>	
<b>Preferred Phone Number(s)</b>	
<b>Email Address(es)</b>	

## Membership Agreement

I/we, the undersigned applicant(s) for the Cape St. Claire Swim Club Inc. (CSCSC) membership listed above, hereby apply for CSCSC membership and will accept all rights, privileges, liabilities, obligations, and responsibilities of membership in the CSCSC. I/we understand and agree to abide by Cape St. Claire Swim Club Inc. (CSCSC) Bylaws, Rules and Regulations, and any additional rules and protocols mandated by CSCSC's pool management vendor. Completion and submission of this form does not guarantee a membership and does not constitute a membership until approved by the CSCSC Board of Governors and after all membership transfer fees have been paid.

I/we, the undersigned applicant(s), agree that all my/our activities at CSCSC and those of my/our family and guests shall be undertaken at my/our sole risk and that the CSCSC and its members shall not be liable to me/us for any claims, demands, injuries, damages, actions or causes of action whatsoever to my/our person(s), or property or that of my/our family and guests arising out of or connecting with the use of the CSCSC by me/us, my/our family, and guests. Further, I/we do expressly hereby forever release and

discharge CSCSC from all claims, demands, injuries, damages, actions or causes of action and from all acts of active or passive negligence on the part of CSCSC, its servants, agents, employees, and owners.

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**Applicant Name**

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**Applicant Spouse/  
Domestic Partner Name**

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**Applicant Signature**

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**Applicant Spouse/  
Domestic Partner Signature**

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**Date**

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**Date**