



**APPLICATION FOR INDIAN ACRES SWIM CLUB**  
**#1 ARROW ROAD, CHAMPAIGN, IL 61821-0677**

Name of Applicant(s) \_\_\_\_\_  
First Name(s) Last Name

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

(We) (I) hereby submit application for membership as a FAMILY  or INDIVIDUAL (over 21) , or for my son or daughter (between the ages of 16 and 21, named \_\_\_\_\_)  in INDIAN ACRES SWIM CLUB. If this application is accepted, (we) (I) agree to abide by the rules adopted by Illini Acres, Inc., to promote the safety and enjoyment of all members, and I further agree to pay:

Initiation Fee (*To Accompany Application*) \$ \_\_\_\_\_  
Annual Dues (*Payable June 1 Each Year*) \$ \_\_\_\_\_  
For Family, \$ \_  Couple (*60 & over*), \$ \_ Individual, \$ \_  \$ \_\_\_\_\_  
Total First Year \$ \_\_\_\_\_

I first became interested in Indian Acres through

A friend whose name is \_\_\_\_\_  Welcome Wagon  My children

Husband's Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Wife's Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Children's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Names of Children Age

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Date of Application \_\_\_\_\_ Signature \_\_\_\_\_

Illini Acres, Inc. reserves the right to refuse an applicant for membership.  
\_\_\_\_\_

Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_ Welcome By \_\_\_\_\_ Mailed \_\_\_\_\_