



# MADEIRA SWIM & TENNIS CLUB

P.O. Box 43037, CINCINNATI, OH 45243-0037

## MEMBERSHIP APPLICATION

Date \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_

Spouse \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: \_\_\_\_\_

OCCUPATION: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Email: \_\_\_\_\_

Name of Household Members

Relation

Birth Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Applicant's Signature

Please complete and return with check for \$100 to: Madeira Swim & Tennis Club  
PO Box 43037  
Cincinnati, OH 45243

Questions? EdSams@madeiraswimandtennisclub.com or call 513-561-6831

P.O. Box 43037 | CINCINNATI, OH | 45243-0037