



# Membership Application

P.O. Box 13,  
Chelmsford, MA 01824  
(978) 256-0120  
www.russellmill.com

I, the undersigned, apply for Membership in Russell Mill Swim and Tennis Club, Inc.

Membership Type:     Family Bonded     Single Bonded  
(check one)  
 Family Seasonal     Single Seasonal     August

Member Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Child Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Child Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Child Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Child Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Child Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Child Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

The undersigned & each family member agree to abide by the by-laws and published rules of the corporation, available on the website (www.russellmill.com)

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

\_\_\_\_\_  
Date

*Application & dues must be mail to RMSTC, P.O. Box 13, Chelmsford, MA 01824*