CLOSTER SWIM CLUB
MEMBERSHIP APPLICATION
Attention: Membership Coordinator
P.O. Box 94
Closter, New Jersey 07624

Received by _____

Date _____

Check # _____

NAME: _____
First Middle Last

ADDRESS: _____
Number Street Town State Zip Code

RESIDENCE TELEPHONE: _____ **BUSINESS TELEPHONE:** _____

MOBILE PHONE : _____

E-MAIL 1* : _____ **E-MAIL 2* :** _____
* Closter Swim Club sends announcements, notices and other membership info through e-mail. Please provide e-mails for both members of the family if possible. Our e-mail list is private and is not shared with any other institutions.

BUSINESS OR PROFESSION (OPTIONAL): _____

DATE OF APPLICATION: _____
*If you will be moving to Closter, please provide your new address and closing date.

I hereby apply for membership in the Closter Swim Club. In support of this application, I represent that I am at least twenty-one years of age. Upon acceptance as a member of the corporation, I agree to pay the full amount of the Non-Refundable Initiation Fee ($500.00) plus a $75.00 Application fee. I also agree to pay annual membership dues as billed, or be subject to late fees as specified in the Constitution and Bylaws and Operational Guidelines. My family and I also agree to abide by all the rules and regulations of the club.

_____
Signature of Applicant

IMMEDIATE FAMILY LIVING AT APPLICANT'S HOME**

NAME	RELATIONSHIP	DATE OF BIRTH
1)		
2)		
3)		
4)		

Family membership includes only spouse and/or unmarried children residing within your household. (List **all members and their date of birth.) All others in your household, i.e., nanny, extended family, adult children/grandchildren who reside with you, can be considered under special membership.

OTHER MEMBERS OF YOUR HOUSEHOLD

The annual $130.00 (tax inclusive) cost of special membership for each adult and child is in addition to the regular membership dues. Applications must be submitted to the Board for approval. Please consider the members of my household listed below for special membership status. I understand that proof of residency is required.

_____
Signature of Applicant

NAME	RELATIONSHIP TO APPLICANT CHILDREN'S	DATE OF BIRTH
1)		
2)		

All applicants are subject to the Constitution and Bylaws of the Closter Swim Club. A copy is available at the club for your perusal or by mail upon request.