

Newfield Swim Club

PO Box 522 Newfield NJ 08344

Member Application

Family Name: _____ Home #: _____

Parents: _____

Cell 1 #: _____ Cell 2: _____

Home Address: _____

Email: _____ Grandparent(s): _____

Child Name: _____ DOB: __/__/__ Age: _____

: _____ DOB: __/__/__ Age: _____

: _____ DOB: __/__/__ Age: _____

: _____ DOB: __/__/__ Age: _____

*If over 18 years of age, will need to see ID for insurance purposes.

In Case of Emergency Contact: _____ Number: _____

Trial Family membership is \$375 per year for 2 years.

Member Sponsor (All applicants must be sponsored by a Member in good standing):

_____ Phone: _____

RULES and REGULATIONS:

A copy of NSC Rules and Regulations will be given upon completion of application.

Please initial:

_____ I have received my copy and have read the Rules and Regulations.

IMPORTANT INFO:

Failure to make payments as due, membership or dues, results in the forfeiture of all monies paid to date and your name will be removed from the membership roster.

Work fees and pool watch fee will be added to the account if not completed during the season.

Voting privilege is granted to fully paid members only.

All members wishing to sell their membership must offer it for sale in writing PRIOR to JANUARY 1ST OF THE COMING YEAR OR ANNUAL DUES WILL BE ASSESSED to their account and will be deducted from the redemption amount due them. Redemption amount is \$25.00 less than the bond fee upon sale being completed, MINUS any amounts due.

A LATE fee of \$10.00 will be levied if dues are not paid by May 31st.

Members are required to sign in at the lifeguard stand with first and last names of ALL their guests and family members in attendance. Anyone not doing so will be required to leave.

The undersigned hereby submit application for membership in the Newfield Swim Club and agree that if accepted they will abide by the rules, regulations, and by-laws of the Corporation. Signature of Parent or Legal Guardian indicates responsibility of all rules and club by-laws.

Signature: _____ Date: _____

Newfield Swim Club

Member Contact Information

Family Name: _____ Home #: _____

Parents: _____

Cell 1 #: _____ Cell 2 #: _____

Email: _____ (For billing and pool information updates)

Child's Name: _____ DOB: __/__/____ Age: _____

: _____ DOB: __/__/____ Age: _____

: _____ DOB: __/__/____ Age: _____

: _____ DOB: __/__/____ Age: _____

** Children over 18 years of age, will need to see ID for insurance purposes.

In Case of Emergency Contact: _____ Number: _____

Please initial:

_____ I have received an updated copy of the NSC Rules and Regulations.

Signature: _____ Date: _____

Received by Board Member _____

Revised 7/2020