

CHESTNUT RUN POOL ASSOCIATION
WOODSTOWN NEW JERSEY 08098

Tiered MEMBERSHIP APPLICATION

To: Membership Committee

Jennifer Sherburne

PO BOX 311. WOODSTOWN NJ, 08098

856-769-0530

The undersigned hereby submits application for a seasonal membership and agrees that, if accepted, he/she/they will abide by all the rules, regulations and by-laws of the Association.

Applicants:

1. _____ Employer: _____

2. _____ Employer: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone App #1: _____ Cell Phone App #2: _____

Email App #1: _____ Email App #2: _____

Name of Children	Birthdate	Age

Interested in Mini Rays or Swim team? _____ (info will be sent to swim team chair)

The application is subject by action by the Membership Committee and the right to refuse an application is reserved.

Please complete the other side.

1. MEMBERSHIP FEES: Please check one of the following membership options listed below.

Membership Type (join date to end of the season)	Joining from the start of Season - July 14th	Joining between July 15 - July 31	Joining August 1 - End of Season
Family - two adults with dependents living at the same address	\$ 695.00	\$ 445.00	\$ 315.00
Unmarried Adult - unmarried adult with dependents living at the same address	\$ 590.00	\$ 380.00	\$ 270.00
Adult Duo - two adults without dependents living at the same	\$ 590.00	\$ 380.00	\$ 270.00
Individual Member - any person 18 years of age, with no dependents	\$ 450.00	\$ 290.00	\$ 205.00
Senior Duo - two adults 65 years of age or older with no dependents	\$ 485.00	\$ 310.00	\$ 220.00
Senior Single - an unmarried individual 65 years of age or older with no dependents	\$ 415.00	\$ 270.00	\$ 190.00
Special Member / or baby sitter - person, other than a member of the nuclear family who resides in household of an active member or childcare provider. Special board approval. May only attend with members. One per membership.	\$ 125.00	\$ 80.00	\$ 55.00

******* Payment will be made electronically after acceptance is confirmed.**

Please do not send payment at this time. *****

2) **New family or duo “seasonal” members** must pay an extra **\$100/year** for the **first four years** of membership. This money is equally applied toward a **\$200 Initiation Fee** (used for long term capital improvements) and the purchase of a **Membership Certificate/Bond** (valued at \$200 when issued and redeemable after resignation from membership). All such payments will be forfeited to the Association if a seasonal member resigns or fail to renew membership prior to paying off the full \$400 charge. **Single/Individual memberships** must pay a **\$100 initiation fee** and **\$100 membership Certificate/Bond** over a 2-year period. This includes the July 15th start date.

3. **Signature of Applicant (s)** _____

4. Names of two active members for reference purposes.

_____ Phone # _____

_____ Phone # _____

This is only a summary statement of costs and membership unit descriptions. For complete governing information, please refer to the Chestnut Run Pool Association by-laws and the Chestnut Run Pool Rules & Regulations, which are available at the pool office.

5. HEATH RECORD INQUIRY

Please list below all pertinent medical information (i.e. asthma, bee sting allergy, sensitivity or allergy condition, and the usual method of treatment etc.) pertaining to you or any family member that will be using the pool. Prior knowledge of medical conditions of all pool members will help us care for you or your child in a potential emergency. Please refer to your family medical records to ensure all shots are up to date (i.e. tetanus) in the event that first aid is needed. Thank you for your anticipated cooperation.

This information is strictly confidential and will be used for pool purposes only.

Proposed Member	• Medical Information

****POOL STAFF ONLY****

Application accepted by: _____

Date: _____

Date Notified Membership Chair (610-246-4133): _____

Date Card created: _____

Amount accepted: _____ Check # _____ Cash : _____

Date approved: _____

Date Notified: _____