

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. _____ DOB: _____ Employer: _____

2. _____ DOB: _____ 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.

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	\$ 760.00	\$ 485.00	\$ 345.00
Unmarried Adult - unmarried adult with dependents living at the same address	\$ 645.00	\$ 410.00	\$ 290.00
Adult Duo - two adults without dependents living at the same	\$ 645.00	\$ 410.00	\$ 290.00
Individual Member - any person 18 years of age, with no dependents	\$ 495.00	\$ 315.00	\$ 225.00
Senior Duo - two adults 65 years of age or older with no dependents (No CIF required)	\$ 530.00	\$ 340.00	\$ 240.00
Senior Single - an unmarried individual 65 years of age or older with no dependents (no CIF required)	\$ 455.00	\$ 290.00	\$ 210.00
Special Member / or baby sitter - person, other than a member of the nuclear family who resides in the 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) All new family, unmarried Adult, Adult Duo and Individual members must pay an extra \$100/year for the first three years of membership. This money is applied towards a \$300 Capital Improvement fund (CIF). All such payments will be forfeited to the Association if a seasonal member resigns or fails to renew membership prior to paying off the full \$300 charge. **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. HEALTH 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 who 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: _____

updated 3/2024 (JS – Membership)