

Fill out completely  
NMSC  
P O BOX 309  
New Milford NJ 07646

**New Milford Swim Club**  
**2019 MEMBERSHIP UPDATE**

201-265-5635  
 newmilfordswimclubgabay@gmail.com

Members Last Name (print) \_\_\_\_\_ Member # \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact - Name \_\_\_\_\_ Phone # \_\_\_\_\_

**FAMILY MEMBERS ELIGIBLE FOR MEMBERSHIP (member, spouse, unmarried children of either living in household and parents of either living in household)**

NAME                                      BIRTH DATE                                      RELATIONSHI                                      ALLERGIES/MED.CONDITIONS

1

2

3

4

5

6

7

Caregiver Name                                      Birth Date                                      Add'l Fee                                      Allergies/Med Conditions

-----                                      -----                                      \$160.50                                      -----

Other residents of your household (your married children and their children, grandchildren, member or spouses sisters, brothers, cousins etc may have a card for a fee of \$267.50 each.) We recommend your married children in your house take a separate membership. If necessary use back of update for names and fees

Name                                      Birth Date                                      Relationship                                      Fee \$267.50 Each                                      Allergies/Conditions

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We reserve the right to ask for proof of any information submitted on this form.  
 Transfer of member fobs results in \$100. fine and family suspension.  
**PROVIDING FALSE INFORMATION ON UPDATE IS CAUSE FOR \$100 Fine AND FAMILY SUSPENSION OR MEMBERSHIP TERMINATION.**  
 I will read and follow the rules that are posted at Club and website. I am responsible for making certain that all on my membership are aware of the rules as are all guests that I bring to the club  
 .Paper copies of rules can be obtained from Front Office of Club.

**DUES** \_\_\_\_\_

**Additional Fees** \_\_\_\_\_

**Total Enclosed** \_\_\_\_\_

**MEMBER SIGNATURE**

**DATE**

Email Address –PLEASE PRINT CLEARLY

Membership #