

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

New Milford Swim Club
2020 MEMBERSHIP UPDATE

201-265-5635 Membership Phone #
newmilfordswimclubgabay@gmail.com
 membership email

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)

<u>NAME</u>	<u>BIRTH DATE</u>	<u>RELATIONSHIP</u>	<u>ALLERGIES/MED.CONDITIONS</u>
1			
2			
3			
4			
5			
6			
7			

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

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 #