

NMSC
P O BOX 309
New Milford NJ 07646

New Milford Swim Club

2022 MEMBERSHIP Form

201-265-5635
newmilfordswimclubgabay@gmail.com

Name _____
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)

Members **Last Name** (print): _____

	<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
_____	_____	\$186.59	_____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 # _____