



**New Milford Swim Club**

PO Box 309, New Milford, NJ 07646

newmilfordswimclubnewwave@gmail.com

201-477-0026

**2023 MEMBERSHIP FORM**

**Fill out completely. Make checks payable to New Milford Swim Club.**

Name (print) \_\_\_\_\_

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

Emergency Contact – Name \_\_\_\_\_ Phone # \_\_\_\_\_

Membership Type: \_\_\_\_\_

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

Member's 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			
8			

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 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.

**MEMBER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Email Address –PLEASE PRINT CLEARLY: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Swim Club Use Only:**