



River Edge Swim Club
 600 Riverside Way
 River Edge, New Jersey 07661
www.reswimclub.org

businessoffice@reswimclub.org
 Business Office Email

RESIGNATION FORM

To begin the resignation process, you will need to complete the information below and mail it to our mailing address above. Once the Business Office has received the necessary paperwork processing will take up to one week. Any questions or concerns email the Business Office at the email address above. All correspondence must be done in writing.

Failure to complete all information requested below will delay the refund process. Below information is where the check is to be mailed to. Thank You!

Membership Number _____

Bondholder Name: _____

Address: _____

Town/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

I will receive \$430.00 representing the capital investment paid by me for membership in the River Edge Swim Club, Inc. – Less unpaid charges and/or assessments.

In consideration of the receipt of the aforesaid payment, I hereby release and discharge the River Edge Swim Club, Inc., of all claims and obligations that may be now or in the future due to me or members of my family in said Club, and I do hereby agree to indemnify the Club for all claims made against the Club by me or members of my immediate family.

Signature: _____ Date: _____

OFFICE USE ONLY;

DATE RECEIVED: _____

AMOUNT PAID : _____

DATE PAID: _____ CHECK #: _____

Bond Update _____ Community Pass _____ Quick Books _____