

**2022 APPLICATION FOR NEW FULL TIME MEMBERSHIP**  
**RIVER EDGE SWIM CLUB, INC.**

Please complete all the information below. Once we have received the information along with your payment for membership type and your bond payment of \$589.94. **Bond payment MUST accompany dues payment.** Make checks out to "River Edge Swim Club". Please circle your choice of Plan.

Family Plan 3+  
\$799.69

Family Plan 2  
\$783.69

Family Plan 1  
\$762.37

NJ State Sales Tax include in price above

Bondholder Name \_\_\_\_\_ DOB \_\_\_\_\_

BH Occupation \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_

Spouse Occupation \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Bondholder Cell Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Email \_\_\_\_\_

Community Pass User Name \_\_\_\_\_

PLEASE NOTE: We reserve the right to ask for proof of any information submitted on this form. Photo Id membership card are required, and will be taken at the pool, date for picture taking will be announced via email, refusal of picture taking will mean refusal of membership. Membership card are to be held in a secure place during off season since they are used yearly. New Id's cost \$10.40 per card. All guest passes and events at the pool must be paid for by credit card, there are no exceptions.

1. List all Children under 25 who permanently and legally reside with you.

Name	Relationship to Head of Household	Grade	Month	Date of Birth Day	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. List other relatives or individuals who permanently and legally reside with you. There will be an additional fee of \$150.00 per adult.

Name	Relationship to Head of Household	Month	Date of Birth Day	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Babysitter, there is an additional fee of \$150.00 per babysitter

Babysitter	Month	Date of Birth Day	Year
_____	_____	_____	_____
_____	_____	_____	_____

Mail to;  
River Edge Swim Club, Inc.  
Attn: Business Manager  
600 Riverside Way  
River Edge, NJ 07661

\_\_\_\_\_  
Legal Signature, Bondholder (Only one)

\_\_\_\_\_  
Date

Please note; Applications will not be processed without full payment. Picture must be taken for membership cards, dates will be announced via email. Any questions or concerns contact the Business Office at [businessoffice@reswimclub.org](mailto:businessoffice@reswimclub.org)