

River Edge Swim Club

Membership Incentive Program

When a full -time paid member refers a new family, who becomes bonded, full -time members, BOTH receive 5 guest passes*

Name of Referring Family _____

Family Membership # _____

New Family:

Head of Household _____ DOB _____

Address _____

Town/State/Zip _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email Address _____

Spouse/Partner _____ DOB _____

Cell Phone _____

Email Address _____

Children

First Name	Last Name	GR.	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete the above application and mail it to;

River Edge Swim Club
600 Riverside Way
River Edge, NJ 07661

or

Scan it and send it to;

businessoffice@reswimclub.org

FT # Assigned _____ Bond Check # _____ Dues Check # _____