

2024 APPLICATION FOR NEW FULL-TIME MEMBERSHIP
RIVER EDGE SWIM CLUB, INC.

Please complete all the information below once we have received it, along with your membership type payment and 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+	Family Plan 2	Family Plan 1
\$863.66	\$ 846.60	\$ 823.14
<u>NJ State Sales Tax included in price above</u>		

Bond Holder Name _____

BH Occupation _____

Bond Holder Spouse/Partner _____

Spouse/Partner Occupation _____

Address _____

Town/State/Zip _____

Home Phone _____

Bond Holder Cell Phone _____

Spouse/Partner Cell Phone _____

Email Address _____

Additional Email Address _____

User Id you'd like to use for Community Pass _____

DOB _____

DOB _____

PLEASE NOTE: We reserve the right to request proof of any information submitted on this form.

Photo ID membership cards are required to enter the pool daily. Pictures taken must clearly view your face; sunglasses and hats are prohibited. The picture will be taken on the first day you enter the club grounds.

Membership cards will be used yearly. New IDs cost \$10.40 per card.

All guest passes and events at the pool must be paid for by a 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 resides with you. There will be an additional fee of \$175.00 per adult of child

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

3) Babysitter, there is an additional fee of \$175.00 per sitter.

Name	Month	Date of Birth Day	Year
_____	_____	_____	_____
_____	_____	_____	_____

Mail to;
 River Edge Swim Club
 Attn: Business Manager
 600 Riverside Way
 River Edge, NJ 07601

 Legal Signature, Bondholder (Only one)

 Date

PLEASE NOTE: applications will not be processed without full payment. For any questions or concerns, contact the Business Office at businessoffice@reswimclub.org