2024 APPLICATION FOR NON-BONDED MEMBERSHIP RIVER EDGE SWIM CLUB, INC.

| | Family Plan 3+ \$ 1103.56 □ | Family Plan 2 or less \$1028.93 NJ State Sales Tax include in price abo | \$6 | gust Plan 45.08 □ | | |
|---|--------------------------------|---|-----------|---|---|------------|
| Name | | | DOB | | | |
| Occupation | | | - | | | |
| Spouse | | | DOB | | | |
| Spouse Occupation | | | | | NOTE: We reserve the of of any information and the second | |
| | | | | - | | . 1. |
| | | | | enter the po | embership cards are ro ol daily. Pictures take | n must |
| Home Phone | | | | | your face; sunglasses ed. The picture will be | |
| | | | | | you enter the club gr | |
| Spouse Cell Phone | | | | | o cards will be used yo).40 per card. | early. New |
| Email Address | | | | - | sses, and events at the | e pool |
| Additional Email | | | | must be paid for by a credit card; there are no exceptions. | | |
| Community Pass User Name | | | - | no exceptio | ns. | |
| Name | Grade | Relationship to Head o Household | of | Month | Date of Birth Day | Year |
| List other relatives or indiv adult. | iduals who perman | ently and legally reside with you | . There v | vill be an add | litional fee of \$175. | 00 per |
| Name | | Relationship to Head o Household | of | Month | Date of Birth Day | Year |
| | | | | | | |
| 3. Babysitter, there is an addi | tional fee of \$175.0 | 0 per babysitter | | | | |
| | Babysitter | | | Month | Date of Birth Day | Year |
| Mail to; River Edge Swim Club, Inc. Attn: Business Manager 600 Riverside Way | | Legal Signature (| Only one | :) | | |
| River Edge, NJ 07661 | | Date | | | | |

Please complete all the information below. Once we receive the information and your payment for membership type, we will complete the membership. Make checks out to "River Edge Swim Club". Please circle your choice of Plan.

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