

2017 Hawthorne Pool Membership Application

Renewal of 2016 Membership: []

Not a Member in 2016 : New Application: []

LAST NAME

EMAIL ADDRESS

STREET ADDRESS

TELEPHONE NUMBER

Hawthorne []

North Haledon []

How long have you lived at this address? _____

If you **rent** this home, please supply landlord contact information below:

Name of Landlord

Phone Number of Landlord

Proof of residency must accompany this application for each person listed below. See Membership Rules for requirements.

APPLICATIONS WILL NOT BE PROCESSED WITHOUT ACCEPTABLE PROOFS OF RESIDENCY!

| TYPE OF MEMBERSHIP | # | PRICE EACH | TOTAL |
|-----------------------|---|------------|-------|
| Family | | \$265.00 | |
| After July 31st | | \$140.00 | |
| Each Additional Child | | \$35.00 | |
| After July 31st | | \$20.00 | |
| Adult (19 - 64) | | \$90.00 | |
| After July 31st | | \$50.00 | |
| Youth (12-18) | | \$80.00 | |
| After July 31st | | \$45.00 | |
| Child (3-11) | | \$70.00 | |
| After July 31st | | \$40.00 | |
| Caregiver (18+) | | \$90.00 | |
| After July 31st | | \$50.00 | |
| Badge Replacement | | \$5.00 | |

Family: Up to 2 persons 21 or older and up to 4 persons under 21. ALL MUST BE LIVING IN THE SAME HOUSEHLD PERMANENTLY!

Senior Citizens (65 or older) are free

Infants under 3 years of age are free.

Caregiver: Indicate name of caregiver below in the **Individual Member Information** with an *

nixle

**Have you signed up for Nixle?
Sign up for Pool messages. Text
HawthPool to 888777.**

TOTAL: \$

INDIVIDUAL MEMBER INFORMATION: Please Print Neatly!

FIRST and LAST NAME

DATE OF BIRTH

Needs a Sticker [] Proof of Residency: []
Needs a Pass []

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I hereby certify that the above information is correct and that I have read and will adhere to the Pool Rules, understanding that if I have provided false information or fail to adhere to the rules, my pool privileges and those of my family may be revoked without refund of the fee paid.

Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE

DATE / INITIALS _____ TOTAL COLLECTED _____ CASH: [] CHECK: [] _____