

## 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 [   ]

\_\_\_\_\_  
FIRST and LAST NAME

\_\_\_\_\_  
DATE OF BIRTH

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

\_\_\_\_\_  
FIRST and LAST NAME

\_\_\_\_\_  
DATE OF BIRTH

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

\_\_\_\_\_  
FIRST and LAST NAME

\_\_\_\_\_  
DATE OF BIRTH

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

\_\_\_\_\_  
FIRST and LAST NAME

\_\_\_\_\_  
DATE OF BIRTH

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

\_\_\_\_\_  
FIRST and LAST NAME

\_\_\_\_\_  
DATE OF BIRTH

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

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: [   ] \_\_\_\_\_