

2021 RATES

Renewal of 2020 Membership: []

New Application: []

LAST NAME

EMAIL ADDRESS

STREET ADDRESS

Phone number:

2021 Hawthorne Pool Membership

Hawthorne [] North Haledon []

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	#	Seasonal	(after July 31)	TOTAL
Family		\$340.00	\$175.00	
Each Additional Child		\$ 50.00	\$25.00	
Volunteer Firefighter Family/Ambulance Family		\$240.00	\$240.00	
Individual Member		FREE	FREE	
Adult (19 - 64)		\$115.00	\$60.00	
Youth (12-18)		\$100.00	\$55.00	
Junior (3-11)		\$ 90.00	\$45.00	
Health Aide (18+) / Caregiver		\$115.00	\$60.00	
Day Pass Resident		\$ 15.00/		
Guest Pass Weekday		\$ 20.00		
/ Weekend				
Badge Replacement		\$ 5.00		
10 Day Guest		\$120.00		
Active Duty Military Family		\$150.00	\$75.00	
Adult \$60 – Youth \$50 – Junior \$40			\$30/\$25/\$20	
Seasonal Pass (sponsored & accompanied by Member) Same as General Rate				
			TOTAL	\$

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

Senior Citizens (65 or older) are free. Hawthorne/North Haledon Resident.

Infants under 3 years of age free.

Hawthorne Volunteer Firefighter, First Responder, or Ambulance Corp Members are

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.

Notes:
Please see our Municipal Pool website regarding response to COVID-19. We will be limiting some of our pool offerings in conjunction with the New Jersey Health Authority guidelines. This entails an addendum to our regular membership rules to reflect a response to COVID-19 guidelines. In signing up for a membership you agree to adhere to these conditions.

FIRST and LAST NAME	DATE OF BIRTH
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INDIVIDUAL MEMBER INFORMATION: Please Print Neatly!

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 _____ \$ _____ CASH: [] CHECK: [] _____