

## 2016 Hawthorne Pool Membership Application

Renewal of 2015 Membership: [    ]

Not a Member in 2015, New Application: [    ]

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
STREET ADDRESS (ex: 445 Lafayette Ave)

\_\_\_\_\_  
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	
	<b>Grand Total:</b>	\$	

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

**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 [    ]

**FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE**

DATE/INITIALS \_\_\_\_\_ TOTAL COLLECTED \_\_\_\_\_

CASH: [    ]      CHECK: [    ] # \_\_\_\_\_