

2022 Hawthorne Pool Membership Application

Renewal of 2021 Membership: []

New Application: []

LAST NAME

EMAIL ADDRESS

STREET ADDRESS

Phone number:

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 1 31)	TOTAL
Family		\$350.00	\$175.00	
Each Additional Child		\$ 45.00	\$25.00	
Volunteer Firefighter Family/Ambulance Family		\$230.00	\$115.00	
Individual Member		FREE	FREE	
Adult (19 - 64)		\$120.00	\$60.00	
Youth (12-18)		\$110.00	\$55.00	
Junior (3-11)		\$ 95.00	\$50.00	
Health Aide (18+) / Caregiver		\$120.00	\$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		\$180.00	\$90.00	
Adult \$60 – Youth \$50 - Junior \$40		\$60/\$50/\$45	\$30/\$25/\$25	
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 PERMANENTLY!

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

Hawthorne Volunteer Firefighters and Ambulance Corp Members are free.

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

INDIVIDUAL MEMBER INFORMATION – PLEASE PRINT CLEARLY

FIRST and LAST NAME	DATE OF BIRTH
FIRST and LAST NAME	DATE OF BIRTH
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nixle

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

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: [] _____