

**NORTH BERGEN MUNICIPAL
SWIMMING POOL COMPLEX
2111 91 STREET-NORTH BERGEN, NJ**

Please Print

Name of Applicant _____

Address _____ City & State _____ Zip Code _____ Phone _____

E - Mail Address (Print Clearly) _____

MEMBERSHIP PLANS – SELECT ONE:		AFTER		
		RESIDENT	5/11/2012	NON-RESIDENT
A.	Individual Membership (13-61)	\$195.00	\$220.00	\$330.00
B-	Family of Two **see below**	330.00	380.00	550.00
C-	Family of Three	385.00	440.00	635.00
D-	Family of Four (each add'l child \$30.00)	410.00	475.00	715.00
E-	Individual Senior Citizen (62 & over)	110.00	125.00	220.00
F-	Individual Sponsor child (under age 13)	110.00	125.00	220.00

** Family consists of immediate family- Mother/ father and children **

** Family of two consists of married couple, or single mother/father and one child**

Birth certificates mandatory for all children.

Two forms of proof of residency also required (Current gas, electric, phone or tax bill.)

Form of payment: Money orders, personal checks, certified checks, or credit cards only (NO CASH).

Make checks payable to: North Bergen Swimming Pool

There will be a service charge of \$25.00 for all returned checks.

LIST NAME AND BIRTH DATE OF ALL MEMBERS AND SCHOOLS FOR ALL CHILDREN:

	<u>NAME</u>	<u>BIRTH DATE</u>	<u>SCHOOL</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

SIGNATURE OF APPLICANT _____ Date _____

I have read, understand, and will abide by all Swim Center rules and regulations.

Type of plan _____ Amt paid _____ Form of payment _____ Date pd _____ Received by _____