

**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:		RESIDENT	AFTER 5/13/2011	NON-RESIDENT
A.	Individual Membership (13-61)	\$175.00	\$200.00	\$300.00
B-	Family of Two **see below**	300.00	345.00	500.00
C-	Family of Three	350.00	400.00	575.00
D-	Family of Four (each addl .child \$25.00)	375.00	430.00	650.00
E-	Individual Senior Citizen (62 & over)	100.00	115.00	200.00
F-	Individual Sponsor child (under age 13)	100.00	115.00	200.00

**** 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** _____