

River Edge Swim Club, Inc.

P.O. Box 159
River Edge, New Jersey 07661

201-262-6422
Business Office

201-262-8397
Pool Office

INSTRUCTIONS

Please read and sign the statement below; complete the form on the bottom of this form and mail it to the address above with your check for \$10. If you should change your address or telephone number, please let us know so that our files will be accurate.

* * * * *

I hereby apply for membership in the River Edge Swim Club, Inc. and enclose my check in the amount of \$10 payable to the "River Edge Swim Club, Inc." as a waiting list deposit. I understand this deposit is non-refundable but will be applied to my initiation fee when I join the club.

I understand that the membership is fully subscribed and that my application will be placed on the waiting list, and that I will be notified of my waiting list number. When my number comes to the top of the list, I understand that I will be asked to mail a check for the purchase of a membership bond plus an initiation fee, and any state or federal taxes less the \$10 deposit paid with this application.

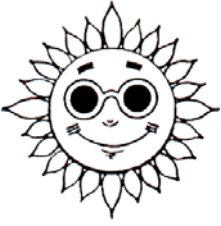
If and when I become eligible for membership, I decide not to accept, I understand that I cannot have my name added to the end of the waiting list for a period of two years from the date of the offer unless I pay a re-listing fee of \$100. I also understand that only my original \$10 deposit will be credited against the initiation fee.

I understand that full membership is contingent upon being a continued resident of the Borough of River Edge from the date of this application to the date of the acceptance of this offer.

Annual dues to cover operating cost are payable by April 1st.

_____ Date

_____ Signature of Head of Household
(One Name Only)



Waiting List No. _____

Date Rec'd _____ Ck. No. _____

APPLICATION FOR MEMBERSHIP
RIVER EDGE SWIM CLUB, INC.

PLEASE FURNISH ALL INFORMATION REQUESTED IN EACH CATEGORY BELOW;

A. Full Name of Head of Household (one only) _____
Address _____ Telephone No. _____
Email Address: _____

B. List all Adults (18 and over) who permanently and legally reside with you and are members or your immediate family (Include both husband and wife).

<u>NAME</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>
_____	_____
_____	_____
_____	_____
_____	_____

C. List all adults (18 and over) who permanently and legally reside with you but are NOT members or your immediate family. (There may be a small additional charge for these people)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

D. List all children under 18 who permanently and legally reside with you.

<u>NAME</u>	<u>RELATIONSHIP TO HEAD OF HOUSEHOLD</u>	<u>BIRTH DATE</u> Month/Day/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail with \$10.00 check to;

Business Manager
River Edge Swim Club, Inc.
P.O. Box 159
River Edge, NJ, 07661

Legal Signature, Head of Household
(One Only)

Date