



## River Edge Swim Club Sponsored Membership Application

If you have a friend or Relative that is interested in joining our swim club complete the information below and mail it to our address below to begin the process.

Name of Sponsoring Family \_\_\_\_\_

Sponsoring Family Membership # \_\_\_\_\_

Head of Household of Sponsored family \_\_\_\_\_

Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Children

First Name	Last Name	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete the above application and mail it to;

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

or

Scan it and send it to;  
[businessoffice@reswimclub.org](mailto:businessoffice@reswimclub.org)