

**2025 APPLICATION FOR NEW FULL-TIME MEMBERSHIP**  
**RIVER EDGE SWIM CLUB, INC.**

Please complete all the information below once we have received it, along with your membership type payment and bond payment of \$589.94. **Bond payment MUST accompany dues payment.** Make checks out to "River Edge Swim Club. Please circle your choice of Plan. The price below includes Bond fee

Family Plan 3+	Family Plan 2	Family Plan 1
\$1480.25	\$ 1463.19	\$ 1439.73
NJ State Sales Tax is included in the price above.		

Bond Holder Name \_\_\_\_\_

BH Occupation \_\_\_\_\_

Bond Holder Spouse/Partner \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

Bond Holder Cell Phone \_\_\_\_\_

Spouse/Partner Cell Phone \_\_\_\_\_

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

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

User Id you'd like to use for Community Pass \_\_\_\_\_

DOB \_\_\_\_\_

DOB \_\_\_\_\_

PLEASE NOTE: We reserve the right to request proof of any information submitted on this form.

Photo ID membership cards are required to enter the pool daily. Pictures taken must clearly view your face; sunglasses and hats are prohibited. The picture will be taken on the first day you enter the club grounds.

Membership cards will be used yearly. New IDs cost \$10.40 per card.

All guest passes and pool events must be paid for by credit card; there are no exceptions.

1) List all children under 25 who permanently and legally reside with you;

Name	Relationship to Head of Household	Grade	Month	Date of Birth Day	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2) List other relatives or individuals who permanently and legally reside with you. There will be an additional fee of \$200.00 per adult of child

Name	Relationship to Head of Household	Grade	Month	Date of Birth Day	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3) Babysitter, there is an additional fee of \$200.00 per sitter.

Name	Month	Date of Birth Day	Year
_____	_____	_____	_____
_____	_____	_____	_____

Mail to;  
 River Edge Swim Club  
 Attn: Business Manager  
 600 Riverside Way  
 River Edge, NJ 07601

\_\_\_\_\_  
 Legal Signature, Bondholder (Only one)

\_\_\_\_\_  
 Date

**PLEASE NOTE: applications will not be processed without full payment. For any questions or concerns, contact the Business Office at [businessoffice@reswimclub.org](mailto:businessoffice@reswimclub.org)**