

**NEWFIELD SWIM CLUB**

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**APPLICATION FOR MEMBERSHIP**

SPONSOR: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

*Parent Information:*

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile #: \_\_\_\_\_

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

<i>Child's First Name (Last Name if different)</i>	<i>Age</i>	<i>Date of Birth</i>	<i>Medical Conditions or Allergies</i>

*Emergency Contact Information:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

A \$10.00 deposit is required with application (refundable if requirements are not met)

Please indicate which option of payment is being requested:

\_\_\_\_\_ 1 - Pay in full the amount of **\$475.00** plus the annual dues.

(By paying my stock certificate in full I will receive a \$25.00 discount off the \$500.00 stock cost)

\_\_\_\_\_ 2 - Pay \$200.00 on my stock certificate plus the annual dues.

The balance of my stock certificate will be paid using a payment plan of 12 monthly payments of \$25.00 due by the 10<sup>th</sup> of each month. I also understand that I will be responsible for my annual dues to be paid in full each year. Payment plan stock cost is **\$500.00**

\_\_\_\_\_ 3 – Other payment plan – Must be approved by NSC Board.

*Please indicate name or names that should appear on the stock certificate once it is paid in full:*

Name: \_\_\_\_\_

**RULES:** Failure to make payments as due, membership or dues, results in the forfeiture of all monies paid to date and your name will be removed from the membership roster. Voting privilege is granted to fully paid members only. All members wishing to sell their membership must offer it for sale in writing prior to January 1<sup>st</sup> of the coming year or the annual dues will be assessed to their account and will be deducted from the redemption amount due to them. Redemption amount is \$425.00 upon resale of the stock being completed, less any amounts due and only if stock amount has been paid in full before resigning. A late fee of \$10.00 will be levied if dues are not paid by May 31<sup>st</sup>. Members are required to sign in all guests otherwise they will be required to leave.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_