NORTH BERGEN MUNICIPAL SWIMMING POOL COMPLEX 2111 91 STREET-NORTH BERGEN, NJ

Please Print Name of Applicant								
Addr	essCity &	State	Zip Cod	dePhone				
E - M	ail Address (Print Clearly)							
			AFTER					
MEN	IBERSHIP PLANS – SELECT ONE:	RESIDENT	5/11/2012	NON-RESIDENT				
<u>A.</u>	Individual Membership (13-61)	\$195.00	\$220.00	\$330.00				
<u>B-</u>	Family of Two **see below**	330.00	380.00	550.00				
<u>C-</u>	Family of Three	385.00	440.00	635.00				
<u>D-</u>	Family of Four (each add'l child \$30.00)	410.00	475.00	715.00				
<u>E-</u>	Individual Senior Citizen (62 & over)	110.00	125.00	220.00				
<u>F-</u>	Individual Sponsor child (under age 13)	110.00	125.00	220.00				
	** Family consists of immediate family ** Family of two consists of married co			hild**				

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>		BIRTH DATE		SCHOOL	
1					
SIGNATURE OF	APPLICANT	Da	Date		
I have read, under	rstand, and will abide	by all Swim Center rules and	regulations.		
Type of plan	Amt paid	Form of payment	Date pd	Received by	