New Providence Community Pool and Recreation, Inc.

P.O. Box 744

New Providence, NJ 07974

**NEW PROVIDENCE RESIDENT APPLICATION FOR MEMBERSHIP – 2020**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Member? Yes □ No □

(Last) (First)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Address? Yes □ No □

(Street)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (Zip Code)

\*\*EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Your New Providence CommunityPass account information, receipts, and notifications will be sent to your email address.

List only eligible family members, including yourself (married children not eligible).

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| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Date of Birth** | **Phone** | **Email** |
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All members must be enrolled in the fingerscan database or must be willing to provide a photo ID, such as a valid driver's license or official school ID, at each visit.

I have read and agree to abide by the Rules and Regulations for the New Providence Community Pool and agree to hold harmless, waive, and release any and all rights to claims for damages against the New Providence Community Pool, Inc., its officers, Board of Trustees, employees and agents. Unsigned or undated applications will not be processed.

No admittance without proof of Membership. Membership is not transferrable. No Refunds.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Early bird rate if paid in full by April 10 2020.

Family Membership □ \*$545/641 Town Employee □

Two Person Household □ \*$410/482 Board of Ed Employee □

Single Membership □ \*$295/347 Business Owner □

Individual w/ Family □ \*$295/347

Senior Citizen (62 or over) □ \*$110/129

Nanny (weekdays only) □ \*$250/$295

Advanced guest passes: □ $52 for one set (total 4 passes) or □ $104 for two sets (total 8 passes)

**LEAVE BLANK BELOW**

Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_