

**Haddon Glen Swim Club
P.O. Box 6, Haddon Heights, NJ 08035**

APPLICATION

On behalf of my family as listed, I hereby make application for membership in the Haddon Glen Swim Club. I promise, if accepted, to abide by-all rules, regulations and the by-laws, and to pay promptly the annual dues required for active membership. I am aware that any false information, as to immediate members of my family, names, birth dates, or other false information may result in the loss of my membership. **A letter of recommendation from an existing member MUST accompany this application.**

Signature _____ Spouse _____
Full Address _____
_____ Phone _____
Emergency number during the day: _____ Email Address: _____

Participating Members of my Immediate Family, **Husband, Wife, and Children under the age of 21**, and living in the same Household.

Name	Date of Birth (if Minor)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of any permanent adult members of household, such as children over 21, unmarried that may be using the club facilities.

Please enclose a check for \$50.00 to cover the nonrefundable application fee. Checks should be made payable to: HADDON GLEN SW/M CLUB and mailed to: Haddon Glen Swim Club, attn: Attention the Membership Trustee, P.O. Box 6, Haddon Heights, NJ 08035.

OFFICIAL USE ONLY

Computer ID: _____ **Date Issued:** _____ **Date rec.** _____ **Check:** _____ **Amt. of check:** _____ **Late fee assessed:** _____

Notes: