

# 2017 MEMBERSHIP FORM -- THE HIGHLANDS NATURAL POOL

## Mail-in Rates Effective as of April 16<sup>th</sup>, 2017

Please indicate the dollar amount of the Membership you are paying for:

\$ \_\_\_\_\_ Family: 1 or 2 adults, with or without children (age 17 & under)  
\$345 Annual Dues

\$ \_\_\_\_\_ Individual: 1 adult, age 18 & over  
\$255 Annual Dues

\$ \_\_\_\_\_ Senior Family: 2 adults, age 65 & over  
\$175 Annual Dues

\$ \_\_\_\_\_ Senior Individual: 1 adult, age 65 & over  
\$125 Annual Dues

\$ \_\_\_\_\_ Guest Passes: Five single-use Guest Passes for \$5  
(Note: we only offer 1 set of 5 passes; no guest may come for more than 3 visits)

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+ \$ \_\_\_\_\_ DONATION (If possible & greatly appreciated! Tax deductible!)

= \$ \_\_\_\_\_ TOTAL for ABOVE (Annual Dues, Guest Passes & Donation)

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NOTE: To celebrate our 22<sup>nd</sup> season, we are eliminating the *Initiation/Reserve Fund Fee* for this year, which is usually charged to new members.

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Name (Adult)<sup>1</sup> \_\_\_\_\_ Name (Adult):<sup>2</sup> \_\_\_\_\_

Name (Child): \_\_\_\_\_ Age: \_\_\_\_\_ Name (Child): \_\_\_\_\_ Age: \_\_\_\_\_

Name (Child): \_\_\_\_\_ Age: \_\_\_\_\_ Name (Child): \_\_\_\_\_ Age: \_\_\_\_\_

Address<sup>1</sup> \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address<sup>2</sup> \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone<sup>1</sup>( ) \_\_\_\_\_ Cell/Work<sup>1</sup>( ) \_\_\_\_\_

Home Phone<sup>2</sup>( ) \_\_\_\_\_ Cell/Work<sup>2</sup>( ) \_\_\_\_\_

Email<sup>1</sup> \_\_\_\_\_ Email<sup>2</sup> \_\_\_\_\_

(Please note: it is Pool policy to never share, rent or sell personal information, including e-mail addresses)

**Emergency Contact** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

(Very important - please make sure we have current emergency contact information)

➔  Special Medical or Behavioral Alerts? Check box and describe on page 2

I have read both Rules & Regulations and Grounds Rules and agree to abide by same: \_\_\_\_\_

Signature

Date

----- Form continues on page 2! -----

**SPECIAL ALERT:** Please let us know of any important medical, behavioral or other information we should know about (e.g., allergic reactions, diabetes, heart condition, pacemaker, etc.), to insure the safety of you, other adults or children. *(Information will be kept confidential.)*

Name of individual to whom alert applies: \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_  
(Please attach a separate piece of paper if you need more space)

**PAYMENTS:**

Please make all checks payable to The Highlands Natural Pool and *please note on the memo part of the check "Dues, Renewal" or "Dues, New Membership"*.

Please mail this completed form and your check today to:

The Highlands Natural Pool  
180 Snake Den Road  
Ringwood, New Jersey 07456

Questions? Please call us at (973) 835-4299, or email us: [highlands\\_pool@yahoo.com](mailto:highlands_pool@yahoo.com)

Visit the Highlands Pool website: [www.highlandsnaturalpool.org](http://www.highlandsnaturalpool.org)

Like us on Facebook!

New members: How did you hear about the pool? \_\_\_\_\_

Do you know someone who would like to get membership information? Please provide their name & e-mail or street address: \_\_\_\_\_

Do you have a comment or suggestion? *Please use the space below to share your thoughts with us. Thanks!*