

2017 ONLINE MEMBERSHIP FORM -- THE HIGHLANDS NATURAL POOL

Please print this form, fill it out, and mail it to us, even though you are paying online.

Online Rates In Effect as of April 16th, 2017

(Note: the rates below include a small surcharge to cover the credit card processing fee)

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

- \$ _____ (online rate) **Family: 1 or 2 adults, with or without children (age 17 & under)**
\$353 Annual Dues
- \$ _____ (online rate) **Individual: 1 adult, age 18 & over**
\$261 Annual Dues
- \$ _____ (online rate) **Senior Family: 2 adults, age 65 & over**
\$179 Annual Dues
- \$ _____ (online rate) **Senior: 1 adult, age 65 & over**
\$128 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)
- + \$ _____ DONATION *(If possible & greatly appreciated! Tax deductible!)*
- = \$ _____ TOTAL for ABOVE *(Annual Dues, Guest Passes & Donation)*

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

Name (Adult)¹ _____ **Name (Adult):**² _____

Name (Child): _____ **Age:** _____ **Name (Child):** _____ **Age:** _____

Name (Child): _____ **Age:** _____ **Name (Child):** _____ **Age:** _____

Address¹ _____ **City** _____ **State** _____ **Zip** _____

Address² _____ **City** _____ **State** _____ **Zip** _____

Home Phone¹() _____ **Cell/Work**¹() _____

Home Phone²() _____ **Cell/Work**²() _____

Email¹ _____ **Email**² _____

(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

***** **Membership 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)

Even though you are paying online, please mail this completed membership form 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

Visit the Highlands Pool website: www.highlandsnaturalpool.org

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 attach a separate sheet and share your thoughts with us. Thanks!*