

2018 MEMBERSHIP FORM -- THE HIGHLANDS NATURAL POOL

Mail-in Rates Effective as of April 21st, 2018

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** (Annual Dues, Guest Passes & Donation; **New Members please add \$25 Reserve Fund** Fee**)

** **The Reserve Fund/Initiation Fee:** This is a \$25 one-time charge for new members, to help us prepare for emergency expenses and plan for capital improvements. The Fee is \$25 for all new memberships.

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/Work¹() _____

Home Phone²() _____ Cell/Work²() _____

Email¹ _____ Email² _____

(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 "Membership Renewal" or "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

Visit the Highlands Pool website: 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!*