

2020 HIGHLANDS NATURAL POOL MEMBERSHIP APPLICATION FORM

Please circle your Membership Category and circle whether you are paying by check or online

FAMILY

(2 adults with children age 17 & under or with college ID)

Pay online = \$353

Pay by check = \$345

COUPLE

(2 adults age 18 & over without children)

Pay online = \$333

Pay by check = \$325

INDIVIDUAL

(1 adult age 18 & over)

Pay online = \$176*

Pay by check = \$170*

SENIOR COUPLE

(2 adults age 65 & over)

Pay online = \$179*

Pay by check = \$175*

SENIOR INDIVIDUAL

(1 adult age 65 & over)

Pay online = \$128*

Pay by check = \$125*

DONATION

(If possible & greatly appreciated! Tax deductible!)

\$ _____

**One or more children may be added for an additional \$50.*

TOTAL (Membership Dues & Donation) \$ _____

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 _____

--- Highlands Pool Membership Form continues on page 2 ! -----

Your LAST Name

FIRST Name

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, 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? *Share your thoughts with us in the space below. Thanks!*