

2012 MEMBERSHIP APPLICATION

I hereby apply for a membership in the Tenaflly Swim Club (TSC). In support of this application, I represent that I am at least 21 years of age, a resident of Tenaflly, and will abide by Tenaflly Swim Club rules.

Name: _____ Spouse: _____
Last First Last First

Address: _____

Telephone: _____ E-Mail: _____

Names of your unmarried children, of college age or younger, living at home:

1. _____ Date of Birth: _____
(Name) (MM/DD/YYYY)

2. _____ Date of Birth: _____
(Name) (MM/DD/YYYY)

3. _____ Date of Birth: _____
(Name) (MM/DD/YYYY)

See additional children listed on the back

Other member(s) of your immediate household and their relationship.*

_____ Date of Birth: _____ Relationship: _____
(Name) (MM/DD/YYYY)

***A special, one-season, annually renewable caregiver membership will be issued for the person listed at the rate listed on the next page.**

Employer: _____ Telephone: _____

Employer Address: _____ Position: _____

Family Doctor: _____ Telephone: _____

If referred by a current Member,
what is the Member's name? _____ Member Number: _____

Signed: _____ Date: _____

Tenafly Swim Club, Inc.
www.TenaflySwimClub.com

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DESCRIPTION	RATE	QUANTITY	AMOUNT
New Member Rate! \$533.93. (\$499 + tax) <i>MUST BE POSTMARKED BY JUNE 15TH!!!</i>	\$533.93		
Guest Books @ \$40 each (no tax!)	\$40.00		
Caregiver \$171.20 (\$160 + tax) Name:	\$171.20		

Bond options available, inquire via email or in person

TOTAL	
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Please return your completed application with your check made payable to “Tenafly Swim Club, Inc.”:

**Tenafly Swim Club, Inc.
P.O. Box 137
Tenafly, New Jersey 07670**

NOTE: The State of New Jersey Division of Taxation has ruled that TSC members are required to pay sales tax on their new member bonds, annual dues and other fees.