



Demarest Swim Club Membership Application 2024

Paper Registration /Check Payment Only Until New Digital Platform Selected

Name of Applicant: _____

Date: ____/____/____.

Name of Applicant's Spouse: _____

Home Phone: _____ Cell Phone _____

Email Address: _____

Home Address: _____

Choose Applicable Membership:

Check (✓)	Membership Level	Early Bird Rate (by 4/1)	Rate (after 4/1)
	Senior Single (65+)	\$600	\$650
	Senior Couple (65+)	\$750	\$800
	Single(<65)	\$650	\$700
	Couple (<65)	\$800	\$850
	Bonded Family(<i>before 2012</i>)	\$900	\$1000
	Family Full Season, No Bond	\$1000	\$1100
	Family through 8/3 Swim/Dive Team Allowed	\$800	\$850
	Aug/Sept only	\$610	\$660

Names of applicant's children for family membership - must reside with the applicant:

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

_____ **Nanny/Babysitter Pass \$200** Name _____, Phone _____

_____ **Additional Donation or In-Kind Contribution** (*specify*) _____

_____ **Willing to Volunteer** (fundraising, capital improvement, social event planning) (*specify*) _____

_____ **First-time member? Who referred you?** _____

I understand that I am responsible for myself, my family members, and my guests in accordance with the Demarest Swim Club's rules, regulations, and by-laws, and I agree to hold harmless and indemnify the DSC against liability on account of my conduct or that of my family members and/or guests. I also understand that if I, my family member, or my guests violate the DSC's rules my membership may be suspended or revoked at the discretion of the Board of Trustees. I swear that the above information is true. I agree to the terms and conditions listed above.

Print Name _____

Sign Name _____ Date: _____

Total Enclosed: _____

Check #: _____

Office Use: _____

Check payable to "Demarest Swim Club" Mail to: Demarest Swim Club, PO Box 5, Demarest, NJ 07627