

2023 RETURNING MEMBER RENEWAL INFORMATION

DUES, ANY BOND PAYMENT DUE, AND THIS FORM
ARE REQUIRED TO VALIDATE YOUR MEMBERSHIP.

Your Member Number _____

ADULT MEMBER _____ DATE OF BIRTH _____

2ND ADULT _____ DATE OF BIRTH _____

ADDRESS _____ CITY/STATE/ZIP _____

ADULT MEMBER CELL _____ 2ND ADULT CELL _____

ADULT MEMBER EMAIL _____ 2ND ADULT EMAIL _____

CHILDREN AND OTHER FAMILY MEMBERS

NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____

NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____

NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____

NAME _____ DATE OF BIRTH _____ RELATIONSHIP _____

Write additional names/birthdates/relationship on the reverse side of this form.

FOR ADDITIONAL INDIVIDUALS, contact membership@teaneckswimclub.org

Method of Payment (check one)

_____ Personal Check (Mail to Teaneck Swim Club/PO Box 148/Teaneck NJ 07666)

_____ Personal Check Installment Plan (50% due March 25 and 50% due May 15)

_____ Bank Payment System (mailed to address above)

_____ Bank Payment System Installment plan (50% due March 25 and 50% due May 15)

_____ Credit Card (payable online at www.teaneckswimclub.org & subject to 3% surcharge)

Amount of this Payment _____

[Click here](#) to review the Teaneck Swim Club rules and regulations. [Click here](#) to read the waiver and release form on the Teaneck Swim Club website. I understand that membership dues and, if owed, bond installment, must be paid annually to maintain membership status, and that, in addition, seasonal admission fees must be paid in full in order to gain access to the Teaneck Swim Club. I have read and agree to abide by the Rules and Regulations of the Swim Club. I have also read and agree to the waiver and release form on the Teaneck Swim Club website. I understand that payments must be paid in full by March 25 or if paying in two installments by May 15 and I agree to any penalties assessed by the Board of Trustees for late payments. Existing members are obligated to pay dues unless they have resigned in writing by March 25. Resignations must be received by March 25th to avoid penalties and/or forfeiture.

Adult Member Signature _____ Date _____

Membership will be recorded in the name of the person who signs this application form. **The adult member signature must match the adult member name.** Please keep a copy of this form for your records.