ECK LUB

2024 NEW MEMBER APPLICATION-AUGUST 2024

PAYMENT IN FULL AND THIS FORM ARE REQUIRED TO VALIDATE YOUR MEMBERSHIP.

	Membe	Member Number (for office use only)	
ADULT MEMBER		DATE OF BIRTH	
2 ND ADULT	D	DATE OF BIRTH	
		CITY/STATE/ZIP	
ADULT MEMBER EMAIL	AD	ADULT MEMBER CELL	
2 ND ADULT EMAIL	2 ND	2 ND ADULT CELL_	
	CHILDREN AND OTHER FAMILY dren must be age 25 or younger and reside do not live with you may be added to your	in the member's home.	
NAME	DATE OF BIRTH	RELATIONSHIP	
NAME	DATE OF BIRTH	RELATIONSHIP	
NAME	DATE OF BIRTH	RELATIONSHIP	
NAME	DATE OF BIRTH	RELATIONSHIP	
Gra	ndchildren may be admitted as guests of a	member for \$10 each.	
GRANDCHI	NAL ADULT MEMBERS (\$112 online/\$10 LDREN OUTSIDE THE HOME (\$57 onlinide in the member's home. Caregivers	e/\$55 check or money order)	
NAME	REL/	RELATIONSHIP	
NAME	REL/	RELATIONSHIP	
Method of Payment (Check or Personal Check/Mon		Credit Card/Online Payment	
	Amount of this Payment Postdated checks will not be acc		
dues must be paid annually	s to the Teaneck Swim Club. I have read	at, in addition, seasonal admission fees must	
Adult Member Signature		Date	
Membership will be recorded in	n the name of the person who signs this ap	plication form. The adult member signature must	

match the adult member name. Please keep a copy of this form for your records.