

2011 MEMBERSHIP APPLICATION -- THE HIGHLANDS NATURAL POOL

**OFFICE
USE ONLY**

- Renewal
- New

Rates In Effect as of April 2, 2011

Please write in the dollar amount of the Membership Category you are paying for:

\$ _____ **Family:** **\$320** Annual Dues for **Renewal***
1 or 2 adults, with or without children (age 17 & under)

\$ _____ **Individual:** **\$240** Annual Dues for **Renewal***
1 adult, age 18 & over

\$ _____ **Senior Family:** **\$165** Annual Dues for **Renewal***
2 adults, age 65 & over

\$ _____ **Senior Individual:** **\$115** Annual Dues for **Renewal***
1 adult, age 65 & over

Please see
Page 2
for an explanation of
Annual Dues,
Fees, and
available **Discounts**

Check HERE if you paid online; be sure to enter **online rates**, not the rates shown above.

+ \$ _____ **GUEST PASSES: \$5 for Five Single-use Guest Passes**
*(Note: we only offer 1 set of 5 passes; **no quest may come for more than 3 visits**)*

+ \$ _____ **DONATION** *(If possible, and greatly appreciated! Donations are Tax deductible!)*

= \$ _____ **TOTAL for above (Annual Dues + Guest Passes + Donation)**

➔ \$ _____ ***NEW MEMBERS Only: ADD \$100 (Family or Individual) or \$50 (Senior Family or Senior Individual) for an *Initiation Fee/Reserve Fund*.** Please provide a **separate check** for this fee.
(SKIP if you paid online, as this fee is already included in the New Membership category when paying online).

\$ _____ **GALA TICKETS!** Enter **Total amount for tickets** (see page 2 for prices). Please provide a **separate check**.

1st Adult Name: _____ 2nd Adult Name: _____

Child Name: _____ Age: _____ Child Name: _____ Age: _____

Child Name: _____ Age: _____ Child Name: _____ Age: _____

1st Address _____ City _____ State _____ Zip _____

1st Home Tel. () _____ 1st Cell/Work () _____

2nd Address _____ City _____ State _____ Zip _____

2nd Home Tel. () _____ 2nd Cell/Work () _____

1st Email: _____ 2nd Email: _____

Please provide your e-mail address! (Note: It is Pool policy to never share, rent or sell personal information, including e-mail)

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

(Application continues on Page 2 - - - -)

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)

Tickets for the Highlands Pool Annual Gala:

_____ Adult tickets @ \$30 each = \$ _____ # _____ Children tickets: 5 years of age & under @ \$5 each = \$ _____
 # _____ Senior tickets @ \$20 each = \$ _____ # _____ Children tickets: 6 – 15 years of age @ \$10 each = \$ _____

TOTAL for all tickets: \$ _____ *(Please enter this amount on page 1, and enclose payment with a separate check)*

ANNUAL DUES: Maintenance Surcharge

Built into the Annual Dues for Family and Individual memberships is a Maintenance Surcharge of \$25. As a not-for-profit organization, the Highlands Natural Pool relies heavily on volunteers to help maintain and improve the Pool and related facilities (only the lifeguards, manager and gatekeepers are paid). We are very proud of the work that our member volunteers have done over the years. But there are often more tasks than volunteers to do them, or professional services are required; this surcharge helps cover that cost.

Note: This surcharge does not apply to Senior Family or Senior Individual memberships.

SURCHARGE REFUND!

Any Family or Individual member who puts in a half day or more helping out, will get the \$25 surcharge refunded! You'll receive a coupon to mail in for the refund. You can volunteer during one of our **work weekends** (schedule to be announced), schedule to **work a different day** if you can't make a work weekend, or you can **help out at the gate** on a busy weekend day. It's fun! Do you have a **special skill or training** that you'd be interested in sharing? Let us know!

DISCOUNTS!

Bring in 1 new member and you will get **\$50.00 off** your membership dues! Bring in 3 new members, and **your membership is free!**

Note: a "new" member can be a former member if they have not joined in the past thee or more years.

ANNUAL DUES for NEW MEMBERS: Initiation/Reserve Fund Fee

This is a **one-time charge** for **new members**, to help us prepare for emergency expenses and plan for capital improvements. The Fee is **\$100** for Family and Individual memberships, and **\$50** for Senior or Senior Family. Accounting procedures require us to request a separate check for the Initiation/Reserve Fund Fee.

PAYMENTS:

Please make all checks payable to The Highlands Natural Pool and please note on the memo part of the check "**Annual Dues**", or "**Initiation/Reserve Fund Fee**", or "**Gala Tickets**".

Mail your payments today to: The Highlands Natural Pool
 180 Snake Den Road
 Ringwood, New Jersey 07456

Questions? Please call (973) 835-4299, or email: highlands_pool@yahoo.com

Visit the Highlands Pool website: www.highlandsnaturalpool.org

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? *Please attach a separate sheet and share your thoughts with us. Thanks!*

OFFICE USE ONLY			
Cash \$ _____	Date _____	Staff: _____	
Cash \$ _____	Date _____	Staff: _____	
Check \$ _____	Date _____	# _____	Staff: _____
Check \$ _____	Date _____	# _____	Staff: _____