

# HIGHLANDS NATURAL POOL MEMBERSHIP APPLICATION FORM

## 2023 Season Rates

Please circle your Payment Method and enter the Dollar Amount of your selections:

\$ \_\_\_\_\_ **FAMILY: Pay by Check = \$375 • Pay by Credit Card = \$383**  
(2 adults with children age 17 and under or with college ID)

\$ \_\_\_\_\_ **COUPLE: Pay by Check = \$300 • Pay by Credit Card = \$307**  
(2 adults without children)

\$ \_\_\_\_\_ **INDIVIDUAL: Pay by Check = \$200\* • Pay by Credit Card = \$205\***  
(1 adult, age 18 & over)

\$ \_\_\_\_\_ **SENIOR COUPLE: Pay by Check = \$225\* • Pay by Credit Card = \$230\***  
(2 adults, age 65 & over)

\$ \_\_\_\_\_ **SENIOR INDIVIDUAL: Pay by Check = \$150\* • Pay by Credit Card = \$154\***  
(1 adult, age 65 & over)

\$ \_\_\_\_\_ **\*CHILDREN: 1 or more (Can be added to Memberships with a "\*" = \$50 each**

+ \$ \_\_\_\_\_ **DONATION (If possible & greatly appreciated! Tax deductible!)**

= \$ \_\_\_\_\_ **TOTAL (Membership Dues + Donation)**

Name (Adult)<sup>1</sup> \_\_\_\_\_ Name (Adult)<sup>2</sup> \_\_\_\_\_

Name (Child)<sup>1</sup> \_\_\_\_\_ Age: \_\_\_\_\_ Name (Child)<sup>2</sup> \_\_\_\_\_ Age: \_\_\_\_\_

Name (Child)<sup>3</sup> \_\_\_\_\_ Age: \_\_\_\_\_ Name (Child)<sup>4</sup> \_\_\_\_\_ Age: \_\_\_\_\_

Name (Child)<sup>5</sup> \_\_\_\_\_ Age: \_\_\_\_\_ Name (Child)<sup>6</sup> \_\_\_\_\_ Age: \_\_\_\_\_

Address<sup>1</sup> \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address<sup>2</sup> \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone<sup>1</sup> \_\_\_\_\_ Cell/Work<sup>1</sup> \_\_\_\_\_

Home Phone<sup>2</sup> \_\_\_\_\_ Cell/Work<sup>2</sup> \_\_\_\_\_

Email<sup>1</sup> \_\_\_\_\_ Email<sup>2</sup> \_\_\_\_\_

*(Please note: it is Pool policy to never share, rent or sell personal information, including e-mail addresses)*

**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

**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)

**PAYMENTS**

Please make your check payable to “The Highlands Natural Pool” and please note on the memo part of the check “Membership Renewal”, or “New Membership”. Please mail this completed form, and your check, to:

**The Highlands Natural Pool  
180 Snake Den Road  
Ringwood, NJ 07456**

**\*\*Even if you are paying online, we need to have a completed copy of this Membership Application Form on file!**

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Questions? Please call us at **(973) 835-4299**, or email us: **highlands\_pool@yahoo.com**

Visit our website: **www.highlandsnaturalpool.org** and please like us on *FaceBook* and *Instagram!*

New members: How did you hear about the pool? \_\_\_\_\_

Do you know someone who would like to join the pool? Please provide their name & e-mail or street address:

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Do you have a comment or suggestion? Share your thoughts with using the space below.