

HIGHLANDS NATURAL POOL MEMBERSHIP APPLICATION FORM

2024 Season

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

\$ _____ **FAMILY: Pay by Check = \$375 • Credit Card = \$383**

(2 adults with children age 17 and under)

\$ _____ **COUPLE: Pay by Check = \$300 • Credit Card = \$307**

(2 adults age 18 and over without children)

\$ _____ **INDIVIDUAL: Pay by Check = \$200* • Credit Card = \$205***

(1 adult, age 18 and over)

\$ _____ **SENIOR COUPLE: Pay by Check = \$225* • Credit Card = \$230***

(2 adults, both age 65 and over)

\$ _____ **SENIOR /VETERAN INDIVIDUAL: Pay by Check = \$150* • Credit Card = \$154***

(1 adult, age 65 and over)

\$ _____ ***CHILDREN: (Added to Memberships with *) = \$50 Check/\$52 Credit Card each**

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

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

Name (Adult)¹ _____ Name (Adult)² _____

Name (Child)¹ _____ Age: _____ Name (Child)² _____ Age: _____

Name (Child)³ _____ Age: _____ Name (Child)⁴ _____ Age: _____

Name (Child)⁵ _____ Age: _____ Name (Child)⁶ _____ Age: _____

Address¹ _____ City _____ State _____ Zip _____

Address² _____ City _____ State _____ Zip _____

Home Phone¹ _____ Cell/Work¹ _____

Home Phone² _____ Cell/Work² _____

Email¹ _____ Email² _____

(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!**

Questions? Please call us at [\(973\) 835-4299](tel:9738354299), or email us: highlands_pool@yahoo.com

Visit our website: www.highlandsnaturalpool.org Like us on Facebook!

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:

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