



APPLICATION FOR MEMBERSHIP

Website: njjsc.org

To: Membership Committee

(FOR OFFICE USE ONLY)

Norwood Swim Club
P.O. Box 36
Norwood, N.J. 07648

MEMBERSHIP: A ___ B ___ C ___ D ___
DATE RECEIVED 2015
BOND NUMBER: _____

PLEASE COMPLETELY FURNISH THE FOLLOWING INFORMATION FOR OUR MEMBERSHIP FILES:
(FAMILY AND MEDICAL CONTACT NUMBERS ARE EXTREMELY IMPORTANT IN CASE OF AN EMERGENCY)

NAME OF APPLICANT (PRINT) _____

ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

E-MAIL ADDRESS _____

DAYTIME PHONE NUMBER _____

FAMILY DOCTOR _____ DOCTOR'S PHONE # _____

NAMES OF ALL MEMBERS OF YOUR IMMEDIATE FAMILY: (PLEASE PRINT)

HUSBAND _____ WIFE _____

CHILDREN	AGE	SWIMMER	NON-SWIMMIER	DATE-OF-BIRTH
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

For relatives permanently living with applicant desiring special membership, there will be a \$100 fee. Depending upon the particular situation additional information may be required.

NAME	RELATIONSHIP	AGE	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE: _____ AMOUNT ENCLOSED \$ _____

Signature of Applicant: _____

This application must be completed and returned each year.