



Willow Grove Swim Club, Inc.
 Attn: Membership
 P.O. Box 11
 Fanwood, New Jersey 07023

For Office Use: Date received: _____ Membership #: _____ Bond #: _____ Replaces: _____

WILLOW GROVE SWIM CLUB MEMBERSHIP APPLICATION

Applicant Name _____ Spouse _____
(Last) (First) (Last) (First)

Address _____
(Street) (Town) (Zip)

Home Phone # _____ Cell Phone # _____

E-Mail _____

Names and Birth Dates of Children:

1. _____ D.O.B. _____ 4. _____ D.O.B. _____

2. _____ D.O.B. _____ 5. _____ D.O.B. _____

3. _____ D.O.B. _____ 6. _____ D.O.B. _____

Name of Associate Member (must reside in household) or Babysitter – Additional Fee of \$150 applies:

1. _____

If a pool member referred you, please tell us which member to thank.

1. _____
(Name) (Address) (Phone) (Membership #)

Please check the appropriate box.

Bonded Membership

Non-Bonded Membership

Applicant's Signature _____

Date _____

If you chose a bonded membership, the bond will be issued in the following names:

Names of Bond Holder(s) _____

Required for Bonded Membership Only - Must be the same name as applicant(s) - Please print

**Annual pool dues, capital fee and bond payment are due
 within 15 days of acceptance of membership and are subject to change annually.
 Application Fee of \$50 may apply.**

Please email membership@willowgroveswimclub.com if you have any questions.