

THE HIGHLANDS NATURAL POOL
MEMBERSHIP APPLICATION

Our **2009** Season will run from **May 23rd** through **September 27th**

Please indicate the amount of Membership you are paying for:

\$ _____ **Family:** **1 or 2 adults, with or without children (age 17 & under)**
\$270 & 25* = \$295 Annual Dues (*new members = \$395**total*)
(see next page for explanation of surcharges)

\$ _____ **Individual:** **1 adult, age 18 & over**
\$200 & 25* = \$225 Annual Dues (*new member = \$325** total*)

\$ _____ **Senior Family:** **2 adults, age 65 & over**
\$155 Annual Dues (*new members = \$ 205** total*)

\$ _____ **Senior:** **1 adult, age 65 & over**
\$105 Annual Dues (*new member = \$155** total*)

\$ _____ **Guest Passes:** **Five single-use Guest Passes for \$5** (*Note: we only offer 1 set of 5*)

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

= \$ _____ **TOTAL for ABOVE** (**Annual Dues, Guest Passes & Donation**)

\$ _____ \$100 (\$50 for Seniors) for Initiation/Reserve Fund** (**New members only** – **Separate check required** – see next page for explanation)

\$ _____ Gala Tickets: **Total amount for tickets** – **separate check please**
(See next page for ticket costs)

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

Name (Child): _____ Age: _____ Name (Child): _____ Age: _____

Name (Child): _____ Age: _____ Name (Child): _____ Age: _____

Address¹ _____ City _____ State _____ Zip _____

Address² _____ City _____ State _____ Zip _____

Home Phone¹ () _____ Cell/Work¹ () _____

Home Phone² () _____ Cell/Work² () _____

Email¹ _____ Email² _____

(To be used only by The Highlands Pool!)

Emergency Contact Person: _____ **Phone:** () _____

(Very important - please make sure we have current information)

Special Alert: Please let us know of any important medical, behavioral or other information we should know about (allergic reactions, diabetes, heart condition, pacemaker, etc.), to insure the safety of you, other adults or child/children. (Information will be kept confidential.)

☐ None ☐ If Yes, Name _____ Please describe _____

(Please attach a separate piece of paper if you need more room.)

I have read the attached **Rules & Regulations** and agree to abide by same: _____ / _____

Signature Date

❧ **Please turn over – application continued on reverse side** ❧

GALA TICKETS:

_____ Adults @ \$30 a ticket = \$ _____

Kids: # _____ 5 years of age & under @ \$5 = \$ _____

_____ Seniors @ \$20 a ticket = \$ _____

_____ 6 – 15 years of age @ \$10 = \$ _____

TOTAL amount for tickets: \$ _____

(Please enter this amount on the reverse side with a separate check, payable to The Highlands Natural Pool – thanks))

* \$25 Maintenance Surcharge:

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 has been done over the years by the volunteers. Because there often are more tasks to be done than volunteers to do them, we may from time to time hire someone to do part of this work. Any Individual or Family member who puts in a half day during one of our work weekends will get their surcharge waived. At the work weekend you'll receive a coupon, either mail it in for a \$25 reimbursement if you've already paid your dues for this season, or send it in with your dues in lieu of the surcharge.

Willing to work? Any individual or Family member who puts in a half day during one of our work weekends will get their surcharge waived! If you already paid your dues for this season, and included the surcharge, we'll send you a refund.

** The 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; **\$50** for Senior or Senior Family. Accounting procedures require us to request a separate check for the Initiation/Reserve Fee.

Please make checks payable to The Highlands Natural Pool noting on the memo part of the check "Initiation/Reserve Fee" or "Annual Dues".

Drop off completed application & payment at the Pool when open, or mail to:

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

Questions? Please call us at (973) 835-4299, or email us at info@highlandspool.org

Visit us at: www.highlandspool.org

New members: How did you hear about the pool? _____

Do you know someone who would appreciate receiving information about membership? ☐ Yes

Please send to: _____

Comments, suggestions or feedback: _____
