

Membership Fees: Please check one of the four membership options listed below.

1) Dues for an August Trial Membership are as follows:

_____ Family	\$ 183.30	(an adult/couple with dependants living at the same address)
_____ Duo	\$ 150.00	(an adult couple without dependants)
_____ Single Parent	\$ 150.00	(single parent with dependants)
_____ Single/Individual	\$ 116.67	(one adult only)
_____ Senior	\$ 150.00	(two adults age 55 or older) or \$ 108.00 (one adult age 55 or older).

- 2) August Trial Membership fees are one-third the cost of seasonal memberships.
- 3) August Trial Members have pool privileges only in the month of August for **one** year. It is our hope that this trial membership will lead to a seasonal membership next year.
- 4) Please complete this application and return it to the pool with a check payable to **“Chestnut Run Pool Association.”** Applications and checks may also be mailed to: Judy Hathaway

7 Lantern Lane
Woodstown, NJ 08098

This is only a summary statement of costs and membership unit descriptions. For complete governing information, please refer to the Chestnut Run Pool Association by-laws and the Chestnut Run Pool Rules & Regulations, which are available at the pool office.

HEALTH RECORD INQUIRY

Please list below all pertinent medical information (i.e. asthma, bee sting sensitivity, etc.) pertaining to you or any family member that will be using the pool. Prior knowledge of medical conditions of all pool members will help us to care for you or your child in a potential emergency. Please refer to your family medical records to ensure all shots are up to date (i.e. tetanus) in the event that first aid is needed. Thank you for your anticipated cooperation.

Please list names of pool members with a sensitivity or allergy condition and the usual method of treatment. Also please list any additional information you feel may be helpful to our pool staff. **This information is strictly confidential and will be used for pool purposes only.**

Please complete other side. Thank you.

CHESTNUT RUN POOL ASSOCIATION
WOODSTOWN NEW JERSEY 08098

AUGUST TRIAL MEMBERSHIP APPLICATION

TO: Membership Committee

DATE: _____

The undersigned hereby submits application for an August trial membership and agrees that, if accepted, he/she/they will abide by all the rules, regulations and by-laws of the Association.

APPLICANTS:

1. _____ Occupation _____

2. _____ Occupation _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Email address _____

Names of children (if any)

1. _____ Age _____ Birth Date _____

2. _____ Age _____ Birth Date _____

3. _____ Age _____ Birth Date _____

4. _____ Age _____ Birth Date _____

5. _____ Age _____ Birth Date _____

Signature (s) of applicant (s)

1. _____ 2. _____

The signature of two active members is required.

1. _____ Phone _____

2. _____ Phone _____

The application is subject to action by the Membership Committee and the right to refuse an application is reserved.

Please complete other side. Thank you.