

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

1) Membership dues for this season are as follows:

_____ Family	\$ 500.00	(an adult/couple with dependents living at the same address)
_____ Duo	\$ 400.00	(an adult couple without dependents living at the same address)
_____ Single Parent	\$ 400.00	(single parent with dependents living at the same address)
_____ Single/Individual	\$ 300.00	(one adult only)
_____ Senior	\$ 400.00	(two adults age 55 or older) or \$300.00 (one adult age 55 or older).

2) New family or duo "seasonal" members must pay an extra \$100.00/year for the **first 4 years** of membership. This money is equally applied toward a **\$200 Initiation Fee** (used for long term capital improvements) and the purchase of a **Membership Certificate/Bond** (valued at \$200.00 when issued and redeemable after resignation from membership). All such payments will be forfeited to the Association if a seasonal member resigns or fails to renew membership prior to paying off the full \$400.00 charge. Senior members must pay a \$100.00 initiation fee, but no membership bond is required. Single/Individual Memberships must pay a \$100.00 initiation fee and a \$100.00 Membership Certificate/Bond over a 2-year period.

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.**

For Pool Board Use Only!

Total Cost This Season: \$_____. Amount of Initial Deposit: \$_____. (\$100.00 minimum. Total cost must be paid prior to pool use). Please submit this application to a Membership Committee representative.

Partial Payment Received by: _____. Amount Received: _____. Date Received: _____.

When Paid in Full, Received by: _____. Amount Received: _____. Date Received: _____.

This Application has been converted to Bonded Membership by: _____. Date: _____.

Please complete other side. Thank you.

**CHESTNUT RUN POOL ASSOCIATION
WOODSTOWN NEW JERSEY 08098**

SEASONAL MEMBERSHIP APPLICATION

TO: Membership Committee

DATE: _____

The undersigned hereby submits application for a seasonal 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.