

Please check the membership you desire and choose your method of payment.

Return to: Tenakill Swim Club, Inc., P.O. Box 485, Tenafly, NJ 07670

Membership Tier	Dues	6.625% taxes	Dues + Taxes	Application Fee (\$100+6.625% tax)	Bond	Total*
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**existing bondholders - payment made before 4/30/18 (SAVE \$50)**

family	\$ 775.00	\$ 51.34	\$ 826.34	n/a	n/a	\$ 826.34	_____
single member	\$ 550.00	\$ 36.44	\$ 586.44	n/a	n/a	\$ 586.44	_____
couple	\$ 650.00	\$ 43.06	\$ 693.06	n/a	n/a	\$ 693.06	_____
senior couple*	\$ 600.00	\$ 39.75	\$ 639.75	n/a	n/a	\$ 639.75	_____
senior single*	\$ 500.00	\$ 33.13	\$ 533.13	n/a	n/a	\$ 533.13	_____

**new members (with bond purchase)- payment made before 4/30/18 (SAVE \$50)**

family	\$ 775.00	\$ 51.34	\$ 826.34	WAIVED	\$ 425.00	\$ 1,251.34	_____
single member	\$ 550.00	\$ 36.44	\$ 586.44	WAIVED	\$ 425.00	\$ 1,011.44	_____
couple	\$ 650.00	\$ 43.06	\$ 693.06	WAIVED	\$ 425.00	\$ 1,118.06	_____
senior couple*	\$ 600.00	\$ 39.75	\$ 639.75	WAIVED	\$ 425.00	\$ 1,064.75	_____
senior single*	\$ 500.00	\$ 33.13	\$ 533.13	WAIVED	\$ 425.00	\$ 958.13	_____

**Extras**

caregiver	\$ 264.00	\$ 17.49	\$ 281.49	n/a	n/a	\$ 281.49	_____
guest pass (8 visits)	\$ 75.00	n/a	n/a	n/a	n/a	\$ 75.00	_____
Donation for Club Improvements							_____

**Total Payment**

\* Proof of age required (65 or older); please enclose copy of ID (drivers license, passport or Medicare card)

Please list name and date of birth of every person covered by this membership, use back of page if you need more space.

Name	Date of birth (required)	Relationship to applicant
1. Applicant's name	_____	Applicant
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

**PAYMENT**

(please complete all fields and print/type your information)

Name: name on check or cardholder name (for credit card payment) Email: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

check # \_\_\_\_\_ credit card # \_\_\_\_\_ exp. date \_\_\_\_ / \_\_\_\_

type of car VISA / MC \_\_\_\_\_ security code \_\_\_\_\_

\*Please note, if you chose to pay by credit card we will add a 5% processing fee to your total payment amount.

Signature: \_\_\_\_\_

Please check if appropriate (non-Tenafly addresses only):

Were you ever a Tenafly resident? \_\_\_\_\_

Are you a relative of a current Tenakill Pool Member? \_\_\_\_\_

Do you work for the Borough of Tenafly? \_\_\_\_\_