PASCACK VALLEY SWIM CLUB

Name: Phone: Address: Email (for club announcements, closings, etc.): How did you hear about PVSC (circle one)? Referred by **2024 MEMBERSHIP RATES**

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| **MEMBERSHIP**  **(Please circle one)** | **BONDED**  **(DUE APRIL 1)** | **NON-BONDED** | **WEEKEND/HOLIDAY** |
| Family of 5/6 | $767 | $1047 | $791 |
| Family of 3/4 | $735 | $980 | $763 |
| Family 2 | $647 | $857 | $657 |
| Single | $467 | $612 | $485 |
| Senior Couple\* | $512 | $641 | $529 |
| Senior\* | $362 | $434 | $368 |
| Twilight – Couple\*\* |  | $585 |  |
| Twilight – Single\*\* |  | $418 |  |

Select the membership you would like for 2024 and mail this form with payment to:

**Pascack Valley Swim Club, P.O. Box 417, Westwood, NJ 07675**.

Families with more than 6 members add $50 per person.

Please note there is a 3% convenience fee for paying with a credit card via Paypal.

# Circle Membership Type:

Renewal Bonded Renewal Non-Bonded New Bonded New Non-Bonded

\*Senior-citizen rate applies to those 65 and older.

\*\*Twilight memberships are for individuals or couples who wish to swim from 4pm to close 7 days a week.

**ADDITIONAL SERVICES**

**Please refer to our website** [**www.swimpascack.com**](http://www.swimpascack.com) **for more information on any of the below:**

**Swim Lessons Swim & Dive Team Swim Camp**

**Guest Passes Spending Account Parties**

Please list resident-members’ names and their dates of birth to be included in this membership below. A full-time babysitter/nanny may be added for an additional fee of $100 per season. Babysitter/nanny is considered a member’s guest and is the full responsibility of the paying member. Proof of residency is required for each family member. All applications are subject to review. Submitting this application implies compliance with Pascack Valley Swim Club’s Policies and Procedures. **There are no refunds for membership cancellations.**

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| --- | --- |
| Name of Resident-Member | Date of Birth |
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As the responsible member of this Pascack Valley Swim Club membership, I agree to comply with the Pascack Valley Swim Club’s current policies and procedures and By-Laws. I certify that all information on this application is valid and correct as of the date of the application.

SIGNATURE OF PRIMARY MEMBER DATE

NAME OF PRIMARY MEMBER (PLEASE PRINT) RECEIVED BY:

SIGNATURE OF SWIM CLUB EMPLOYEE/BOARD MEMBER DATE

We look forward to a great season!

Visit [www.swimpascack.com](http://www.swimpascack.com/) for detailed information on memberships, rates, FAQs, and Swim Club By-Laws.

Follow us on Facebook!