

# 2022 Hawthorne Pool Membership Application

Renewal of 2021 Membership: [ ]

New Application: [ ]

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
Phone number:

Hawthorne [ ] North Haledon [ ]

If you rent this home, please supply landlord contact information below:

\_\_\_\_\_  
Name of Landlord

\_\_\_\_\_  
Phone Number of Landlord

Proof of residency must accompany this application for each person listed below. See Membership Rules for requirements.

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT ACCEPTABLE PROOFS OF RESIDENCY!**

TYPE OF MEMBERSHIP	#	Seasonal	after July 31	TOTAL
Family		\$350.00	\$175.00	
Each Additional Child		\$ 45.00	\$25.00	
Volunteer Firefighter Family/Ambulance Family		\$230.00	\$115.00	
Individual Member		FREE	FREE	
Adult (19 - 64)		\$120.00	\$60.00	
Youth (12-18)		\$110.00	\$55.00	
Junior (3-11)		\$ 95.00	\$50.00	
Health Aide (18+) / Caregiver		\$120.00	\$60.00	
Day Pass Resident		\$ 15.00/		
Guest Pass Weekday		\$ 20.00		
/ Weekend				
Badge Replacement		\$ 5.00		
10 Day Guest		\$120.00		
Active Duty Military Family		\$180.00	\$90.00	
Adult \$60 – Youth \$50 - Junior \$40		\$60/\$50/\$45	\$30/\$25/\$25	
Seasonal Pass (sponsored & accompanied by Member) Same as General Rate				
			<b>TOTAL</b>	<b>\$</b>

**Family:** Up to 2 persons 21 or older and up to 4 persons under 21. ALL MUST BE LIVING IN THE SAME HOUSEHOLD PERMANENTLY!

Senior Citizens (65 or older) are free.  
Hawthorne/North Haledon Resident.

Hawthorne Volunteer Firefighters and Ambulance Corp Members are free.

**Caregiver:** Indicate name of caregiver below in the Individual Member Information with an \*

**INDIVIDUAL MEMBER INFORMATION – PLEASE PRINT CLEARLY**

FIRST and LAST NAME	DATE OF BIRTH
_____	_____
FIRST and LAST NAME	DATE OF BIRTH
_____	_____
FIRST and LAST NAME	DATE OF BIRTH
_____	_____
FIRST and LAST NAME	DATE OF BIRTH
_____	_____
FIRST and LAST NAME	DATE OF BIRTH
_____	_____
FIRST and LAST NAME	DATE OF BIRTH
_____	_____

**nixle**  
Have you signed up for Nixle? Sign up for Pool messages. Text HawthPool to 888777.

I hereby certify that the above information is correct and that I have read and will adhere to the Pool Rules, understanding that if I have provided false information or fail to adhere to the rules, my pool privileges and those of my family may be revoked without refund of the fee paid.

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE**

DATE / INITIALS \_\_\_\_\_

\$ \_\_\_\_\_

CASH: [ ] CHECK: [ ] \_\_\_\_\_