

BOROUGH OF HAWTHORNE - 2025 HAWTHORNE POOL MEMBERSHIP APPLICATION

RENEWAL of 2024 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.**

2025 GENERAL REGISTRATION MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP	#	SEASONAL	AFTER JULY 31st	TOTAL
Family		\$400.00	\$200.00	
Each Additional Child		\$50.00	\$25.00	
Volunteer Firefighter / Ambulance Corps Member / DVRT Member		FREE	FREE	
Volunteer Firefighter / Ambulance / DVRT Family		\$260.00	\$130.00	
Adult (19 - 64)		\$140.00	\$70.00	
Youth (12 - 18)		\$125.00	\$60.00	
Junior (3 - 11)		\$110.00	\$55.00	
Infants (under 3 years of age)		FREE	FREE	
Senior Citizen (65 years of age and older)		FREE	FREE	
Health Aide (18+) / Caregiver (Non-Resident)		\$140.00	\$70.00	
Day Pass Resident, all ages		\$20.00	\$20.00	
Guest Pass Non-Resident (accompanied by resident)				
One Day		\$20.00	\$20.00	
Saturday, Sunday, or Holiday		\$25.00	\$25.00	
Ten Day		\$150.00	\$150.00	
Nonresident Season; sponsored / accompanied by resident		Same as General Rate for Age		
Lost Badge Replacement		\$10.00	\$10.00	
10 Day guest		\$150.00	\$150.00	
Family of resident on Active Military Duty (includes spouse and dependent children)		FREE	FREE	
			TOTAL	\$

Family – Up to 2 persons age 21 or older and up to 4 persons under 21, living in the same household.

Health Aide / Caregiver: Indicate name of caregiver in the Individual Member Information section ON REVERSE SIDE, and mark with an *

PLEASE SEE OTHER SIDE OF PAGE TO COMPLETE INDIVIDUAL MEMBER INFORMATION

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

I hereby certify that the above information is current 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



Have you signed up for Nixle? Sign up for Pool alerts and messages.

Text HawthPool to 888777.

For additional information regarding the pool, including hours of operation, inclement weather policy, swim lessons, and pool management, please visit the Borough's website at www.hawthornewj.org

FOR OFFICE USE ONLY:

DATE / INITIALS: _____

\$ _____

[] CASH

[] CHECK _____

