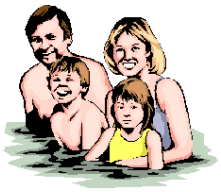

Old Orchard Swim Club

PO Box 2956 / Evans Lane Cherry Hill, NJ 08034
PHONE: 856.424.9815 – FAX: 856.424.0470
www.Oldorchardswimclub.com

NEW MEMBERSHIP APPLICATION AGREEMENT

Bondholder's Last Name: _____ First Name:_____

Address: _____

Home Phone #: _____ E-mail Address:_____

Spouse's Name:_____ Number of Dependent Members: _____

Name and birth date of each dependent member (spouse is considered a dependent):

_____

_____

FEE SCHEDULE (PLEASE CHECK ACCEPTANCE OF EACH)

___ $35 Application Fee ___$425 Bond Payment **(1 Bondholder per family)**
___ $40 Annual Dependent Fee (per dependent) ___$450 Annual Membership Fee **(Bondholder only)**

Please add 7% NJ State Sales Tax to all above Charges

PAYMENT OPTIONS (PLEASE INDICATE YOUR CHOICE)

___ OPTION #1: Application fee ($35), full Bond payment ($425), full annual membership for Bondholder ($450), plus any applicable dependent fees ($40 per dependent).

___OPTION #2: "Application fee ($35), 1st bond payment ($25), [2nd bond payment $100 due year 2; 3rd bond payment $100 due year 3, 4th bond payment $100 due year 4, 5th bond payment $100 due year 5], full annual membership for Bondholder ($450), plus any applicable dependent fees ($40 per dependent)

***Note: FULL Bond payment must be made in order for member to be considered a Bondholder. Bond Redemption value of paid-in-full bond is $325, less any outstanding charges, etc.**

Example Dues with Option #2

Family of 2	$35 + $25 + $450 + $40 + 7% tax = $588.50
Family of 3	$35 + $25 + $450 + $80 + 7% tax = $631.30
Family of 4	$35 + $25 + $450 + $120 + 7% tax = $674.10
Family of 5	$35 + $25 + $450 + $160 + 7% tax = $716.90

PAYMENT METHOD (PLEASE INDICATE YOUR CHOICE)

___OPTION #1: Check #:_____ Amount: $ _____

___OPTION #2: VISA/MC Name on card: _____

Card #_____ Exp. Date: _____ Amount: $_____

Please sign and date this form below. Your signature constitutes full acceptance of the terms, fees and redemption value of the bond as noted above.

SIGNATURE OF PERSON FILLING OUT THIS FORM: _____

PLEASE PRINT YOUR NAME: _____ DATE: _____

WHO REFERRED YOU TO OOSC: _____

THANK YOU FOR JOINING OLD ORCHARD SWIM CLUB!

Last updated on 2/17/10