



DEMAREST SWIM CLUB
P.O. Box No. 5
Demarest, NJ 07627

Dear Board of Trustees:

Date:

I hereby apply for membership in the Demarest Swim Club.

In support of this application, I represent that I am at least eighteen years of age and that I actually reside within the Borough of Demarest at the street address shown below.

Accompanying this application is my check for both initiation and membership payments required of all members admitted to the Club.

Signature of Applicant _____

PLEASE Name of applicant _____
PRINT First Middle Last

Residence Address _____

Telephone No. _____

Occupation _____

Other members of family who live at above address:

Name	Relationship to applicant	Date of birth *
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Received by:
Date:

* Children
under 18 only