

Fox Hollow Swim Club 2010 Membership Renewal

Last Name _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone1 _____ Cell Phone2 _____
 email1 _____ email2 _____

Option #1

Full Membership (required for swim team participation)

	**Adult **1st Member must be 21 or over as of 6/1/10						Senior (Age 60+)	
Total # Family Members	1	2	3	4	5	6+	Single	Couple
Dues	300.00	500.00	575.00	650.00	725.00	800.00	250.00	300.00
NJ Sales Tax	21.00	35.00	40.25	45.50	50.75	56.00	17.50	21.00
Capital Assessment	85.00	85.00	85.00	85.00	85.00	85.00	85.00	85.00
Total Dues	406.00	620.00	700.25	780.50	860.75	941.00	352.50	406.00

Option #2

*****Please select one of the options below*****

Associate Membership _____ **Weekends/Holidays Only** _____ **Weekdays/Holidays Only**

	**Adult **1st Member must be 21 or over as of 6/1/10						Senior	Senior
Total # Family Members	1	2	3	4	5	6+	Single	Couple
Dues	175.00	375.00	450.00	525.00	600.00	675.00	n/a	n/a
NJ Sales Tax	12.25	26.25	31.50	36.75	42.00	47.25		
Capital Assessment	85.00	85.00	85.00	85.00	85.00	85.00		
Total Dues	272.25	486.25	566.50	646.75	727.00	807.25		

membership fee waived for children 3 & under before 6/1/10

Adult Name _____ Adult _____
 Children(1) _____ Age _____ (2) _____ Age _____
 Children(3) _____ Age _____ (4) _____ Age _____
 Children(5) _____ Age _____ (6) _____ Age _____

Swim Team	1	2	3	4+
	\$100	\$175	\$225	\$275

Swimmer Name & Date of Birth (1) _____ (2) _____
 Swimmer Name & Date of Birth (3) _____ (4) _____
 Swimmer Name & Date of Birth (5) _____ (6) _____

***Other Household Member* \$100 each (plus \$7 tax)**

*(live in nanny, grandparent, niece, nephew)

Household Member Name (1) _____ (2) _____

***Grandchildren* \$100 each (plus \$7 tax)**

*(this option for senior members only)

Grandchild Name (1) _____ Age _____ (2) _____ Age _____
 Grandchild Name (3) _____ Age _____ (4) _____ Age _____

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Total Dues

Dues

Swim Team

Other Household Member/Grandchildren

\$10.00 discount **only** if paying by check

Total Amount Due

All Payments Must Be Received by May 15th, 2010 to avoid \$35 Late Fee

Payment Plan Options

Membership can be paid in full or in equal payments over 2, 3 or 4 months

4 Month Plan

Payments due Feb 15, March 15, April 15, May 15

3 Month Plan

Payments due March 15, April 15, May 15

2 Month Plan

Payments due April 15, May 15

Payment in Full

Due May 15

Payments will be accepted in the form of Check or Visa/Mastercard.

A \$10 (dollar) discount off total amount due may be applied to payments by check.

Payment Options

- Payment in Full
- 4 Month Payment Plan
- 3 Month Payment Plan
- 2 Month Payment Plan

Method of Payment

Check

Check(s) to be mailed according to the payment option selected.

Returned Check Fee is \$35

Credit Card

Credit Card Information

Exp Date _____ 3 Digit CVV Code _____

Signature _____

I approve Fox Hollow Swim Club to charge my credit card according to payment option selected. Charges will be processed on the 15th of the applicable month.

Date Rec'd _____

Amount _____

Check/Auth # _____

If billing address for credit card is different than home address on the front of this form, please provide below:

Please Return this Form to:

Fox Hollow Swim Club, PO Box 2643, Cherry Hill, NJ 08034
or Fax to 856 779 2024 or email to foxhollowswimclub@gmail.com