New Providence Community Pool and Recreation, Inc.

P.O. Box 744

New Providence, NJ 07974

Website: nppool.org

**NON - NEW PROVIDENCE RESIDENT - MEMBERSHIP APPLICATION FOR 2025 SEASON**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Member? Yes □ No □

(Last) (First)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Address? Yes □ No □

(Street)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (Zip Code)

\*\*EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Your New Providence CommunityPass account information, receipts, and notifications will be sent to your email address.

List only eligible family members, including yourself (married children not eligible).

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| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Date of Birth** | **Phone** | **Email** |
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All members must be enrolled in the fingerscan database or must be willing to provide a photo ID, such as a valid driver's license or official school ID, at each visit.

I have read and agree to abide by the Rules and Regulations for the New Providence Community Pool, adhere to COVID-19 health and safety requirements, and agree to hold harmless, waive, and release any and all rights to claims for damages against the New Providence Community Pool, Inc., its officers, Board of Trustees, employees and agents. Unsigned or undated applications will not be processed.

No admittance without proof of Membership. Membership is not transferrable. No Refunds.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Discounted Early Bird rate if paid in full by April 15, 2024. Regular rate if payment received after April 15.

Family Membership □ \*$847/$996

Two Person Household □ \*$659/$775

Single Membership □ \*$522/$614

Nanny (weekdays only) □ \*$399/$470

**LEAVE BLANK BELOW FOR NPCP ADMIN**

Non-New Providence Resident Membership sponsored by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_