

**PRIOR YEAR MEMBERS: THIS FORM MUST BE COMPLETED AND RETURNED WITH THE MEMBERSHIP FEE**

The form and membership payment can be submitted by:

- 1) Regular Mail: P.O. Box 640 Northfield, NJ 08225
- 2) Scan and e-mail the signed form to [membership@tiltonpool.com](mailto:membership@tiltonpool.com) and pay the membership fee on Paypal.com (*free to open account, free to submit payment from PayPal to PayPal account*) to [TiltonPoolPayment@gmail.com](mailto:TiltonPoolPayment@gmail.com). (Carefully follow the instructions on our [www.TiltonPool.com](http://www.TiltonPool.com) website). You can pay by Paypal and mail the form regular mail if needed.

**2013 - MEMBERSHIP APPLICATION & INFORMATION**

The undersigned hereby submits application for family or single membership in the Tilton Village Recreation Corp., and agrees that upon acceptance he/she will abide by all rules and regulations of this Corporation.

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY ZIP

E-MAIL ADDRESS: \_\_\_\_\_ WORK#: \_\_\_\_\_

What talents do you possess that you could contribute to the pool, for example; carpenter, electrician, plumber, etc.? \_\_\_\_\_

I would like to volunteer: Yes  \*\*\*\* VOLUNTEER WORK CREWS (WILL BE CALLED PRIOR TO DATES)  
No

Phone/Contact in case of emergency: \_\_\_\_\_

**List any medical disabilities that might affect the safety of family members, e.g. Heart condition, seizures, physical disability, etc.** \_\_\_\_\_

**THE FOLLOWING ARE THE OTHER MEMBERS OF MY HOUSEHOLD**

NAME	AGE	RELATIONSHIP	MEDICAL CONCERN

**YOUR SIGNATURE HERE INDICATES THAT YOU HAVE READ, UNDERSTOOD AND WILL CONVEY THE POOL RULES TO OTHER FAMILY MEMBERS, AND GUESTS THAT YOU MAY BRING.**

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE