



OLD ORCHARD SWIM CLUB

9 Evans Rd.
Cherry Hill, NJ 08003

2018 New Membership Application with 50% Special Rate

Last Name: _____ First Name: _____

Address: _____ Date of birth: _____

Phone Number: _____ Email Address: _____

List each dependent and their date of birth (spouse is considered a dependent)

1. _____
2. _____
3. _____
4. _____
5. _____

Option 1	First Year Amount if Membership Certificate Spread Over 5 Years	Application Fee	Membership Certificate	Membership Dues	Dependent Fee	Tax 6.625%	Total
	Single Certificate Holder (1 in household)	waived	\$ 25.00	\$ 247.50	\$ -	\$ 16.40	\$ 288.90
	Certificate Holder + 1 dependent (2 in household)	waived	\$ 25.00	\$ 247.50	\$ 22.00	\$ 17.85	\$ 312.35
	Certificate Holder + 2 dependent (3 in household)	waived	\$ 25.00	\$ 247.50	\$ 44.00	\$ 19.31	\$ 335.81
	Certificate Holder + 3 dependent (4 in household)	waived	\$ 25.00	\$ 247.50	\$ 66.00	\$ 20.77	\$ 359.27
	Certificate Holder + 4 dependent (5 in household)	waived	\$ 25.00	\$ 247.50	\$ 88.00	\$ 22.23	\$ 382.73
	Certificate Holder + 5 dependent (6 in household)	waived	\$ 25.00	\$ 247.50	\$ 110.00	\$ 23.68	\$ 406.18
Option 2	First Year Amount if Membership Certificate Paid In Full	Application Fee	Membership Certificate	Membership Dues	Dependent Fee	Tax 6.625%	Total
	Single Certificate Holder (1 in household)	waived	\$ 425.00	\$ 247.50	\$ -	\$ 16.40	\$ 688.90
	Certificate Holder + 1 dependent (2 in household)	waived	\$ 425.00	\$ 247.50	\$ 22.00	\$ 17.85	\$ 712.35
	Certificate Holder + 2 dependent (3 in household)	waived	\$ 425.00	\$ 247.50	\$ 44.00	\$ 19.31	\$ 735.81
	Certificate Holder + 3 dependent (4 in household)	waived	\$ 425.00	\$ 247.50	\$ 66.00	\$ 20.77	\$ 759.27
	Certificate Holder + 4 dependent (5 in household)	waived	\$ 425.00	\$ 247.50	\$ 88.00	\$ 22.23	\$ 782.73
	Certificate Holder + 5 dependent (6 in household)	waived	\$ 425.00	\$ 247.50	\$ 110.00	\$ 23.68	\$ 806.18

Pay by check or credit card and send payment in with **this** form. You may drop your payment off at the swim club or mail it to PO Box 2956, Cherry Hill, NJ 08034. Make checks payable to Old Orchard Swim Club.

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____