



**2009 NOB VALLEY SUMMER SEASON MEMBERSHIP APPLICATION**

First and Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**MEMBERSHIP ROSTER INFORMATION**

List the name of each household family member included in your 2009 membership. Their family relationship, e.g., mother, son etc. Membership can include childcare provider. Please include name of childcare provider.

NAME	FAMILY RELATIONSHIP

Membership renewal New Member

If you are a New Member please share with us how you heard about NVSC:

A NVSC family (please complete below)

An Advertisement (please describe source) \_\_\_\_\_

A Website (please describe where or the link) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

**NVSC Family**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Return this form, with payment by**

**May 15, 2009 to: Jennifer Ward**

**1200 Williamson Rd**

**North Brunswick, NJ 08902**

<b>2009 Membership Dues \$695 to include 5 free guest passes</b>
<b>_____ enclosed is a check, payable to NOB Valley Swim Club</b>
Office Use Only
Date Received _____ Check Received _____ Check # _____ Initial _____