

2025 APPLICATION FOR MEMBERSHIP

OFFICE USE ONLY

FAMILY CODE _____ REVIEWED _____ DEPOSITED _____

MAIL OR DROP COMPLETED APPLICATION TO:

Members who refer FULL SEASON Memberships receive 10 free passes. Members who refer HALF or WEEKENDER Memberships receive 5 free passes.

Larchmont Swim Club
291 Larchmont Boulevard
Mt. Laurel, NJ 08054

adults

Name: _____ /_____/_____
DOB

Name: _____ /_____/_____
DOB

Name: _____ /_____/_____
DOB

member information

Address: _____

Telephone Number: _____

Email: _____

children

Name: _____ /_____/_____
DOB

Name: _____ /_____/_____
DOB

Name: _____ /_____/_____
DOB

Name: _____ /_____/_____
DOB

Name: _____ /_____/_____
DOB

membership type

All Season ___ Half ___ Weekend ___

check information

_____/_____
Amount Check #

credit card information

3% processing fee

Amount Billing Zip

Name

Card #

_____/_____
Exp. Date CVC

NUMBER OF GUEST BOOKS ORDERED: _____

If a member is discovered passing their membership card to a non-member for entrance to the Club, their membership will be terminated immediately with NO REFUND and future applications will not be accepted from either member or non-member.

HOW DO I APPLY FOR A MEMBERSHIP?

1. Complete the 2025 application and enclose payment in full.
2. ALL MEMBERS send in a *labeled* picture of each individual to fit a 2"x4" membership card.
3. **Membership cards are not MAILED. They are available for pickup after we open on May 24th.**

I hereby attest that the information is true and I understand that there are no refunds or membership switches after May 23, 2025. Members and guests swim and park at your own risk.

Signature

Date

(New Members Only) Referred By:

Phone