☐ Weekend/Holiday
☐ Adult
☐ Family

# FAIRVIEW SWIM CLUB
## MEMBERSHIP APPLICATION

New Member ☐
Senior ☐
Cabana ☐

**(718) 592-0263 Swim Club Management Office**
**(718) 271-1378 Fairview Management Office**

LAST NAME _____ ADDRESS _____

_____ ZIP CODE _____ TEL: (  )_____

| FIRST NAME | MEMBER TYPE | FEE |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

_____ CABANA _____
LESS DEPOSIT _____
LOCKER _____
GUEST BOOK _____

$_____
**TOTAL**

Please Make Checks Payable to: **FAIRVIEW OWNERS CORPORATION.**

I, THE UNDERSIGNED APPLICANT, STATE THAT I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF **FAIRVIEW SWIM CLUB** AND THAT I AND MY FAMILY AGREE TO ABIDE BY SAME. WE FURTHER UNDERSTAND THAT VIOLATION OF SAID RULES AND REGULATIONS COULD RESULT IN CANCELLATION OF MEMBERSHIP.

IN ADDITION, APPLICANT DOES HEREBY RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE MANAGING AGENT, THE OWNER OF THE SWIM CLUB AND THE POOL FACILITIES MANAGEMENT CORPORATION, FROM AND AGAINST ALL CLAIMS, INCLUDING, WITHOUT LIMITATION, CLAIMS BASED UPON THE MANAGING AGENT'S, OWNER'S, AND THE RECREATION MANAGEMENT COMPANY'S NEGLIGENCE, FOR DAMAGES OR LOSS SUSTAINED BY APPLICANT OR GUEST OF APPLICANT.

NO MEMBERSHIP APPLICATION WILL BE ACCEPTED UNLESS ACCOMPANIED BY PAYMENT IN FULL AS WELL AS **TWO (2) PASSPORT SIZE PHOTOS OF EACH FAMILY MEMBER, AND PROOF OF BIRTH** (WHERE REQUIRED).

APPLICANT'S SIGNATURE_____ DATE _____