



CRANFORD POOL AND FITNESS CENTER

Township of Cranford  
Swim Pool Utility  
Application Form

Address:

City:

State:

Zip:

Home Phone:

Emergency Phone:

Email:

GROUP NUMBER

- ☐ New Member  
☐ Renewal  
☐ Change/Conversion

LAST, FIRST, M.I.	DOB	SEX	PROOF OF RESIDENCY	BIRTH CERTIFICATE

Membership Type

Registration Date

Membership Fee

\$

Type

Cash  
Check  
CC

Received by:

Please make checks payable to: *Mastercard, Discover & Visa*  
**Cranford Swim Pool Utility** *Accepted with Service Fee.*

**Mail to:** Cranford Swim Pool Utility  
401 Centennial Avenue • Cranford, N.J. 07016