

Please complete this form and return it by **May 17, 2025** with your check made payable to: **USAI, PO Box 10164, New Brunswick, NJ 08906**

Please note: Our preference is for members to complete their membership online. If you are paying by check and have completed your renewal online, you only need to send us your full name and bond number together with your check. If you are unable to complete the renewal online, you may instead complete this form, print it out, and mail it together with your check. Please complete both sides of this form. **THIS FORM IS NOT FOR SEASONAL SPONSORED GUESTS.**

Bond Holder Information:

Last Name: _____ First Name: _____

Bond Number: _____ Phone Number: _____

Mailing Address: _____ Change of Address? ☐ yes

Phone Number: _____ E-mail: _____

Membership Type: Please check the applicable category and fill in the requested names.

Inactive:	If postmarked BY 5/17/2025	\$50	If postmarked AFTER 5/17/2025	\$90
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Family (spouse/domestic partner and dependent children, or single parent with two or more dependent children): **\$825**

Name of Spouse/Partner: _____

1st Child:	DoB:
2nd Child:	DoB:
3rd Child:	DoB:
4th Child:	DoB:

Couple (spouse/partner or one dependent child of single parent): **\$615**

Name of Spouse/Partner: _____

Name of Dependent Child: _____ DoB: _____

Individual: (bond holder must be an adult who qualifies as a member): **\$425**

House Guest Fee: Fee will be refunded if application denied. **\$165**

Name: _____

Relationship: _____

Guest Passes: Individual (\$14ea.) 10-pack (\$120) 20-pack (\$220)

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Swim Team Fee Schedule is as follows: (For returning swimmers ONLY; New swimmers will pay after the team try-out) - **Special Promotion 2025: First-time swim team children 12 and under will be free for the first year.**

Name of Child 1: **\$165**

Name of Child 2: **\$165**

Name of Child 3: **\$165**

Name of Child 4: **\$165**

Total Swimmers:

Total Swim Team Fee:

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Total Fees Due to USAI for 2025

Season: Membership Fee:

Swim Team Fee:

Guest Pass Fee:

House Guest App. Fee:

Check Total:

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Please send this Form with your payment, postmarked by May 17, 2025 to: **USAI, PO Box 10164, New Brunswick, NJ 08906**