



**Please complete the entire form & return to:**

Hasbrouck Heights Swim Club-Membership  
PO BOX 192  
Hasbrouck Heights, NJ 07604

ANY Bondholder intending to resign their membership should complete this form and return it along with your ORIGINAL BOND document to the above address.

Please allow 30 days processing time once this form has been received.

**Bondholder's name/s:**

\_\_\_\_\_

**Bond Number** \_\_\_\_\_ **Member#** \_\_\_\_\_  
(member splash account number)

Mailing  
Address \_\_\_\_\_

\_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

My original BOND is signed & enclosed with this signed request: \_\_\_\_\_ YES \_\_\_\_\_ NO

***If you are unable to locate your original bond certificate. Please print the Lost bond affidavit and attach it to this form.***

Once you sign this form, your account will be closed & no additional payment will be available to you if you should find the bond document.

Signature of Bondholder/s \_\_\_\_\_ Date: \_\_\_\_\_

FOR HHSC BOARD

Date RCVD \_\_\_\_\_ Noted in Member splash \_\_\_\_\_

BOND RETURN AMMOUNT \$ \_\_\_\_\_