

# MONMOUTH HEIGHTS COMMUNITY ASSOCIATION

PO Box 808  
Manalapan, New Jersey 07726

[www.MyMHCA.com](http://www.MyMHCA.com)

732-334-8071  
[MHSwimClub@gmail.com](mailto:MHSwimClub@gmail.com)

## 2021 SPONSORSHIP FORM

Due to the success of the Seasonal Guest Pass program last year, the Board of Trustees has decided to continue this program for the 2021 season - **SPONSORSHIP WILL BE LIMITED.**

In response to our current economic climate we are offering several types of sponsorship programs:

<b>IF YOU PAY BY:</b>	<b>Dec 31, 2020</b>	<b>March 31, 2021</b>	<i>After</i> <b>April 1, 2021</b>
Full Season Family Membership May 29, 2021 – September 6, 2021	<b>\$430.00</b>	<b>\$475.00</b>	<b>\$525.00</b>
Partial Season Family Membership May 29, 2021 – July 31, 2021	<b>\$306.00</b>	<b>\$351.00</b>	<b>\$401.00</b>
Partial Season Family Membership August 1, 2021 – September 6, 2021	<b>\$246.00</b>	<b>\$291.00</b>	<b>\$341.00</b>
Full Season Individual Membership May 29, 2021 – September 6, 2021	<b>\$198.00</b>	<b>\$243.00</b>	<b>\$293.00</b>

\*A family is defined as a husband, wife and/or life partner, and up to three children. Other family members living in the home are subject to an additional \$60.00 fee per person to participate in this program.

Rules and Restrictions are as follows:

1. Pass holders agree to follow ALL the general and safety rules of the club.
2. Pass holders will be allowed to bring in guests any time, subject to applicable guest fees.
3. Pass holders must be sponsored by a member in good standing.
4. Pass holders do not have voting rights in the business of the MHCA and are not eligible to vote in any matters, which may appear before the Association.

An application will be accepted with a guarantee of acceptance (subject to Board approval) given to last years' Season Guest Pass Holders until January 5, 2021. Thereafter, all applications will be accepted on a first come first serve basis. Payment in full by check or money order, must accompany each application and each application must be completely filled out in order to be accepted. Payment will be refunded if an application is received after the family limitation is reached.

This Season Guest Pass program does not in any way alleviate a homeowner's personal obligation to pay the annual assessment on a timely basis.

Our attorney has reviewed this program and has approved its contents as being in conformity with the Monmouth Heights Declaration of Covenants and Restrictions.

Sincerely,  
The Board of Trustees  
Monmouth Heights Community Association

# MONMOUTH HEIGHTS COMMUNITY ASSOCIATION

## APPLICATION FOR SEASONAL GUEST PASS – 2021 SEASON

<b>GUEST INFORMATION:</b>			<b>#SP</b>
<b>Last Name:</b> _____	<b>Husband</b> _____	<b>Wife</b> _____	
	<b>DOB</b> _____	<b>DOB</b> _____	
<b>Child #1</b> _____	<b>DOB</b> _____	<b>Address:</b> _____	
<b>Child #2</b> _____	<b>DOB</b> _____	<b>City, State, Zip</b> _____	
<b>Child #3</b> _____	<b>DOB</b> _____	<b>EMAIL:</b>	
<b>Other:</b> _____	<b>DOB</b> _____		
<b>Home#</b> _____	<b>Cell #</b> _____		

<b>SPONSOR INFORMATION:</b>		<b>Pool Club # of Sponsor:</b> _____
<i>Must be completed and signed or form will be returned</i>		
<b>Name:</b> _____		<b>Phone #</b> _____
<b>Address:</b> _____		
<b>Signature of Sponsor:</b> _____		

**FAMILY FEE MEMBERSHIP INFORMATION:**

*please circle one*

<b>IF YOU PAY BY:</b>	<b>Dec 31, 2020</b>	<b>March 31, 2021</b>	<b>After April 1, 2021</b>
Full Season Family Membership May 29, 2021 – September 6, 2021	<b>\$430.00</b>	<b>\$475.00</b>	<b>\$525.00</b>
Partial Season Family Membership May 29, 2021 – July 31, 2021	<b>\$306.00</b>	<b>\$351.00</b>	<b>\$401.00</b>
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Rules and Restrictions are as follows:

1. Pass holders agree to follow ALL the general and safety rules of the club.
2. Pass holders will be allowed to bring in guest any time (subject to daily guest fees).
3. Pass holders must be sponsored by a member in good standing.
4. Pass holders do not have voting rights in the business of the MHCA and are not eligible to vote in any matters, which may appear before the Association.

We (I) understand and accept the Seasonal Guest Pass Restrictions and Rules as listed above.

<b>Guest Signature</b> _____	<b>Date</b> _____
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**MAKE CHECK PAYABLE TO: MHCA**  
**Mail Payment to: PO Box 808, Manalapan, NJ 07726**