



Hopatcong Hills Land and Homeowners Association
2025 Beach Club Application – Private Beach (Hopatcong residents only)
www.crescentcovebeach.com

Email: crescentcovebeach@gmail.com

Beach Club Phone: (973) 398-5139

Wendy Sutton, Beach Club & Boat Slip Manager: cell (908) 246-2304

We are a family-oriented association dedicated to maintaining a safe place for its members to enjoy our recreation facility from May until November each year.

We officially open the season on the Friday of Memorial Day weekend at 11am on Friday, Saturday, Sunday and Monday. Then until school is done for the year, we are open Friday at 3pm and Saturday and Sunday at 11am. Then the day after school is closed for the year, we will be open 7 days a week at 11am. Then after Labor Day weekend when school starts again, we will be open Friday at 3pm and Saturday & Sunday at 12pm until November 1st or it is too cold.

2025 Annual Membership Dues

- | | |
|---|----------|
| - Family Membership - includes 10 Guest Passes | \$300.00 |
| - Single Membership - includes 5 Guest Passes | \$150.00 |
| - Senior Membership (65+) - includes 5 Guest Passes | \$125.00 |

Payment via cash, zelle, venmo, check or credit card are accepted.

If paying via check, please make payable to HHLHA. If paying via credit card, there is 11% fee added.

HHLHA 2025 Beach Club Membership Application

Mail to: HHLHA P.O. Box 121 Hopatcong, NJ 07843

All information below must be filled out for insurance purposes and must be truthful.

Name: _____
(Last) (First)

Home Address: _____

Mailing Address: _____

Cell# _____

Email Address: _____

Family Membership Only-Household Members: (List names) _____

ALL PARENTS are responsible to always monitor their children and are responsible for their safety and well-being while on the beach property, and especially when in or near the water.

Signature: _____ Date: _____

*Must be signed and all information must be filled out or your beach membership application will not be processed.

Type of Membership - Please check: Family _____ Single _____ Senior (65+) _____

FOR OFFICE USE ONLY: Payment Type: _____ Amount: _____ Date of Payment: _____