

Pool Membership Form:

Date

Name

Address

Home Phone _____ Work Phone _____

Type of Membership-

Individual _____

Family of 2 _____

Additional Family Members _____ how many?

Non-Resident _____

Senior Resident _____

Name of Family Members receiving cards -

Name	Relationship	Date of Birth
1.		
2.		
3.		
4.		

Total Due \$ _____

Please read the new pool rules listed on the back of this form, and sign acknowledging that you have read and understand the facility rules.

Signature