

**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
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1.		
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2.		
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3.		
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4.		
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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