

2017 MEMBERSHIP APPLICATION
FOR OFFICE USE ONLY:

PAYMENT OF \$ _____ ENCLOSED

CHECK #/CASH _____ DATE RECEIVED _____

PAYMENT OF \$ _____ ENCLOSED

CHECK#/CASH _____ DATE RECEIVED _____

2017 MEMBERSHIP APPLICATION

THE FOLLOWING INFORMATION ABOUT YOUR FAMILY WILL BE KEPT AT THE POOL IN THE EVENT OF AN EMERGENCY.

CHILDREN UNDER EIGHTEEN (18) YEARS OF AGE WHO WILL BE REGULAR POOL USERS:

NAME	AGE

PLEASE CIRCLE THE NAME OF THE PRIMARY DAYTIME CONTACT

MOTHER'S NAME: _____
FIRST LAST

MOTHER'S CONTACT INFO: _____
HOME WORK
CELL/PAGER

FATHER'S NAME: _____
FIRST LAST

FATHER'S CONTACT INFO: _____
HOME WORK
CELL/PAGER

EMERGENCY CONTACT NAME: _____
FIRST LAST

EMERGENCY CONTACT RELATIONSHIP: _____

EMERGENCY CONTACT INFO: _____
HOME WORK
CELL/PAGER

SPECIAL NEEDS: IF ANYONE IN YOUR FAMILY HAS SPECIAL NEEDS OR HEALTH ISSUES THAT NEED SPECIAL CONSIDERATION IN THE EVENT OF AN EMERGENCY, PLEASE LIST THIS INFORMATION BELOW.
