

MEMBERSHIP APPLICATION CAMMACK VILLAGE POOL

Last Name: _____ First Name: _____

Home Address: _____

City, Zip: _____ DOB: _____

Home Phone: _____ Other Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Email: _____

TYPE OF PASS:

Single: _____ Resident _____

Family: _____ Non-Resident _____

(Names)	1. _____ / _____ (age)	5. _____ / _____ (age)
	2. _____ / _____	6. _____ / _____
	3. _____ / _____	7. _____ / _____
	4. _____ / _____	8. _____ / _____

Amount Paid: _____ How Paid: _____ Receipt No: _____

Upon receipt of this membership to Cammack Village Pool, I have received a copy and understand the terms of membership, **AND, UNDERSTAND POOL PATRONS SWIM AT THEIR OWN RISK.**

Signature: _____ Date _____

(If under the age of 18, application **must** be signed by a parent or guardian.)