



**Season Pool Membership Form:**

Date \_\_\_\_\_ Email Address: \_\_\_\_\_ Family Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Type of Membership-

Individual \_\_\_\_\_

Family up to 6 \_\_\_\_\_

Additional Family Members \_\_\_\_\_ how many? \$40 each additional person over six (6) people

Name of Family Members receiving cards -

Name	Relationship	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Total Due \$ 350 + \_\_\_\_\_ = \_\_\_\_\_

By signing below, we acknowledge that we have read, understand and agree to obey all rules. We understand that failure of family members to comply with any of the rules and regulations adopted by Crown Pointe Marina, or for conduct the association determines to be improper may result in family member sanctions, and/or possible prosecution as specified in the pool rules.

\_\_\_\_\_ Signature