



Seasonal Pool Membership Form:

Date _____ Email Address: _____ Family Name _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____

Type of Membership-

- Individual _____ \$100
- Family up to 6 _____ \$400
- Additional Family Members _____ how many x \$40 each additional person over six (6) people

Name of Family Members receiving

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

Total Due \$ _____ + _____ = _____

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