

WESTRIDGE POOL MEMBERSHIP APPLICATION

MEMBER INFORMATION

Name(s):		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Occupation(s):		
Home Phone:	Work Phone:	Cell Phone:
Email 1:		
Email 2:		

EMERGENCY CONTACT INFORMATION

Contact Name:		
Relationship of Contact to Applicant:		
Home Phone:	Work Phone:	Cell Phone:

CHILDREN RESIDING AT MEMBER/APPLICANT ADDRESS

Name:	Age:	Relation:
Name:	Age:	Relation:
Name:	Age:	Relation:
Name:	Age:	Relation:
Name:	Age:	Relation:
Name:	Age:	Relation:
Name:	Age:	Relation:
Name:	Age:	Relation:

SIGNATURES

I the undersigned hereby agree to discharge and hold harmless the association, officers, employees and members of Westridge Pool Association operations from all losses and damage that may occur as a pass holder of the pool. I understand this is a swimming pool facility and that certain dangers can be incurred as a user of these types of facilities.

Applicant x _____ Date: _____

Family/Grandparents Membership:	\$299.00		Volunteer deposit required
Two Person Membership:	\$239.00		Volunteer deposit required
Volunteer Deposit:	\$50.00		Refunded when 4 volunteer hours are completed
Social Membership:	\$150.00		Volunteer deposit not required
Total:			

Westridge Pool Refund Policy: No refunds will be given

Send this completed membership form and **one** check that includes the dues and volunteer deposit (if required).
 Make it payable to **Westridge Pool Association** and send to: **Westridge Pool Association, PO Box 24029, Omaha, NE 68124**

Office Only	
Cash Amount: _____	Date Received: _____
Check Amount: _____	
Check # _____	Received By: _____