

PINON PARK POOL ASSOCIATION NEW MEMBER 2010 ASSESSMENT

Please provide the following information regarding your new membership (print neatly please):

Owner Name	
Names of Swimmers	1
	2
	3
	4
	5
	6
	7
Address	
Phone	
Email Address	

Note: Pinon Park Pool Association will not release email addresses to any third parties unless required by law, but requests your email address to help provide maximum information to members and reduce administrative costs.

2010 Fees included (please check all that apply):

- | | | |
|--|----|--------|
| <input type="checkbox"/> New Member Assessment Fee | \$ | 250.00 |
| <input type="checkbox"/> Volunteer Hours Fee | \$ | 40.00 |

Volunteer preferences: _____

Referred by _____ Membership # _____

Important Note:

By signing this form and remitting payment, you are agreeing to ensure that you, your family and guests, will be instructed in the pool rules, and that you, your family and your guests agree to abide by these rules when using Pinon Park Pool. Information you have marked on this form will be added to our database. You also agree to maintain your Pinon Park Pool Association Membership for a minimum of two years (2010 and 2011).

Signature _____ Date _____

FOR PINON PARK POOL ASSOCIATION USE ONLY					
Membership #					
Assessment Fee					
Check #	Amount	Date			
Volunteer Hours					
Date					
Hours					

