



YWCA SWIMMING POOL

Membership Application

Please print all information

Name: _____
First Last

Sex: Female _____ Male _____ Age: _____

Address: _____

Tel. (work) _____ Tel. (home) _____ Cell: _____

Number of months of membership: _____

Tick one:

- ☐ Adult Membership \$50.00/month
☐ Child Membership \$25.00/month (ages 3-15)
☐ Senior Membership \$25.00/month (ages 60 and up)
☐ YWCA Member \$25.00/month (current member)
☐ Private Pool Lesions \$250.00 Eight (8) Session: One Hour Per Session

As a member of the YWCA's Swimming Pool, I understand and agree to obey all rules of the pool. I understand that management reserves the right to revoke membership at any time for failure to obey pool rules and lifeguard instructions. I understand that membership is only valid until the date stated below and that I must renew before this date if I wish to continue membership. I understand that as a member I am able to use the YWCA Swimming Pool outside of normal operating hours, and that if doing so, it is at my own risk. I understand that as a Private Pool Lesions member I will adhere to session schedule that the Pool Manager and I agreed upon.

Signature: _____ Date: _____

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For Administration Use Only:

Amount received: _____ Method of payment: _____
Date received: _____ Received by: _____

Membership Start Date: _____ Membership End date: _____