

2018 Associate Member Annehurst Pool Membership Form

Where do you live? Spring Hollow Rivertrace Bigham Ridge Overlook Other _____

Prior Pool Member? Yes No **If no, AVRA One-Time Membership Fee Applies** (see pool manager or email: karen@annehurst.com)

Membership Type: **Family \$290** **Couple \$220** Children Ages 2 & under included **PM Couple \$190** Evenings after 5:00pm **Single Only \$185** **Grandparent(s) \$235** Grandkids included **Senior (65 and over)**
 Single \$110
 Double \$160

Also Interested in: Swim Team Swim Lessons Water Aerobics Pool Rental Patio Party

Primary Member Information:

(1) _____ M/F (____)-____ (____)-____
Last Name First Name Home Cell Work Home Cell Work

Address City Zipcode

Owner or Renter Email Youth's Birthdate if applicable

Additional Members Information:

Today's Date _____

(2) _____ M/F _____ (____)-____
Last Name First Name Child's Birthdate Cell Work

Child/Grandchild/Other Lives at Same Address Y/N
 Relationship to Primary (Please Specify)

(3) _____ M/F _____ (____)-____
Last Name First Name Child's Birthdate Cell Work

Child/Grandchild/Other Lives at Same Address Y/N
 Relationship to Primary (Please Specify)

(4) _____ M/F _____ (____)-____
Last Name First Name Child's Birthdate Cell Work

Child/Grandchild/Other Lives at Same Address Y/N
 Relationship to Primary (Please Specify)

(5) _____ M/F _____ (____)-____
Last Name First Name Child's Birthdate Cell Work

Child/Grandchild/Other Lives at Same Address Y/N
 Relationship to Primary (Please Specify)

(6) _____ M/F _____ (____)-____
Last Name First Name Child's Birthdate Cell Work

Child/Grandchild/Other Lives at Same Address Y/N
 Relationship to Primary (Please Specify)

(7) _____ M/F _____ (____)-____
Last Name First Name Child's Birthdate Cell Work

Child/Grandchild/Other Lives at Same Address Y/N
 Relationship to Primary (Please Specify)



RECEIPT	
2018 Pool Fee	\$ _____
AVRA One-Time Membership Fee	\$ _____
Baby Sitter \$50.00*	\$ _____
Guest Punch Card	\$ _____
<small>\$50.00 Each – Good for 10 Passes Regular Guest Admission \$8.00</small>	
Snack Card	\$ _____
<small>\$20.00 Each</small>	
<input type="checkbox"/> Credit Card Processing Fee + 4%	
<input type="checkbox"/> Check <input type="checkbox"/> Cash Total \$ _____	
By _____ Date _____	

* Babysitter can be added to any regular membership

**Any Swim Team Fees
Must Be Paid Separately**

FOR OFFICE USE ONLY

Use additional form if needed.