Pool Membership Application—City of Montgomery Pool

Grandchild Form

PRIMARY PARTICIPANT:

Please print clearly

_____

Last Name **First Name** **MI**

____/____/_____ M / F Phone:_____

Birthdate (MM/DD/YYYY) **Gender**

_____

Street Address

_____

City **State** **Zip**

_____

Email address

1. **Check one:** _____ I am a new member. _____I have been a member in the past.
2. **Select one:**

____ **RESIDENT:** I am a resident of Montgomery (proof of address is attached).

____ **NONRESIDENT**: I am not a resident of Montgomery.

____ **BUSINESS:** I work in and pay earning taxes to the City of Montgomery .
(attach paycheck stub within the last month).
Employer name _____
Employer address_____
Employer phone_____

3. Select type: _____Single _____Family _____Senior
_____Couple (resident only) _____Family +Sitter (resident only)

4. Select membership option: (a form is required for referral membership. See details online.)
____Standard ___ Weekend ___Evening Only ___ Midseason Pass ___Grandchild Pass

5. **Payment:** Amount Paid: $_____ **(Payment is nonrefundable)**

Form of Payment: ____Check____Cash
____Mastercard____Visa
Account #___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
Expiration Date _____/_____/_____
Signature _____

ADDITIONAL FAMILY PARTICIPANTS **Please print clearly**

	Last Name	First Name	Relationship	Birthdate	Gender	Cost
1.	_____	_____	**SENIOR**	___/___/____	**M / F**	$_____
2.	_____	_____	**Grandchild**	___/___/____	**M / F**	$_____
3.	_____	_____	**Grandchild**	___/___/____	**M / F**	$_____
4.	_____	_____	**Grandchild**	___/___/____	**M / F**	$_____
5.	_____	_____	**Grandchild**	___/___/____	**M / F**	$_____
6.	_____	_____	**Grandchild**	___/___/____	**M / F**	$_____
7.	_____	_____	**Grandchild**	___/___/____	**M / F**	$_____
8.	_____	_____	**Grandchild**	___/___/____	**M / F**	$_____
9.	_____	_____	**Grandchild**	___/___/____	**M / F**	$_____

If you have additional family members to add, please attach an additional sheet. **TOTAL COST: $_____**