

# PCSA POOL MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Adult Family Members: \_\_\_\_\_

Child Family Members - YOB: \_\_\_\_\_ - \_\_\_\_\_

Child Family Members - YOB: \_\_\_\_\_ - \_\_\_\_\_

Child Family Members - YOB: \_\_\_\_\_ - \_\_\_\_\_

Child Family Members - YOB: \_\_\_\_\_ - \_\_\_\_\_

Child Family Members - YOB: \_\_\_\_\_ - \_\_\_\_\_

Child Family Members - YOB: \_\_\_\_\_ - \_\_\_\_\_

Child Family Members - YOB: \_\_\_\_\_ - \_\_\_\_\_

**\*\*\*\*\* DO NOT WRITE BELOW THIS SECTION - TO BE COMPETED BY POOL COMMITTEE \*\*\*\*\***

*Level of Pool Membership (circle one):*

*Single (\$110)*

*Couple (\$225)*

*Family (\$300)*

*Annual Membership Fee Rec'd: \$ \_\_\_\_\_*

*Check # & Date Rec'd: \_\_\_\_\_ & \_\_\_\_\_ / \_\_\_\_\_ / 2008*

*Make all checks payable to:* **PCSA POOL  
ATTN: POOL CHAIR  
P.O. BOX 5004  
WILLIAMSBURG, VA 23188-8005**

