

BROOKWOOD POOL MEMBERSHIP APPLICATION - 2017

Applicant's Name: _____

Spouse's Name: _____

Address: _____

Children: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Home Phone: _____ Email: _____

Cell Phone: _____ Email: _____

*** A pool membership is intended to cover a family, a single member, or a senior member as defined below:

PLEASE CHECK YOUR SELECTED MEMBERSHIP LEVEL

Family Membership: Applicant, Spouse, and their dependent Children. Dependent Children are defined as a member's child, step child or foster child under the age of 19, or under the age of 24 if a full time student, or a dependent child of any age that is disabled.

DUES: \$395

Single Membership: Individual adult (18+)

DUES: \$250

Senior Membership: Individual or senior couple 65 years or older. Seniors with any dependent children must join at the standard Family rate.

DUES: \$250

Total Amount Due: _____

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Payment Options (please check payment selection):

- Lump Sum Payment
- 4 month installment plan (\$98.75 family, \$62.50 single, \$62.50 senior) – First Payment 1/31/17

** Installment plans require an equal payment due at the end of each month, resulting in a paid balance by April 30, 2017. Any balances unpaid by opening day must be satisfied before members can access the pool facilities. Installment payments are non-refundable, except in cases of hardship that will be reviewed by the pool board. Completed Registration form should be submitted with your first installment payment. An email will be sent each month with a payment reminder.

Signature of Applicant: _____ Date: _____

New Member: YES NO Referred By: _____

*Brookwood pool is a private, members only pool. Brookwood’s facilities are for use by its members and their guests. Members must accompany their guests to the pool. For 2017, guest fees will be \$5 per person, with a \$20 per family maximum. Local guests are limited to 5 paid visits per season.

*Family memberships are allowed to list a sitter that will have access to the pool while they are working. Sitters will not enjoy membership benefits when they are off duty.

Sitter name: _____

REQUIRED INSURANCE INFORMATION

Health Insurance Provider: _____ Policy #: _____

Name of Primary Card Holder: _____

Primary Health Care Provider: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

PLEASE REMIT TO: BROOKWOOD POOL, PO BOX 863, CLEMMONS, NC 27012