

VILLAGE OF ARCANUM

2024 POOL MEMBERSHIP APPLICATION

FIRST & LAST NAME: _____

ADDRESS: _____

PHONE: _____

EMERGENCY CONTACT:
(Name & Phone #) _____

PASS TYPE

_____ SENIOR (\$45)

_____ SINGLE (\$55)

_____ FAMILY (\$115)

PASS MEMBERS

Family Pass members **MUST** reside within the same household.

**LIMIT OF 6 MEMBERS ON A FAMILY PASS. EACH
ADDITIONAL MEMBER IS \$25**

NAME (First and last) AGE (If under 18)

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1. _____

6. _____

2. _____

Additional Members \$25 per member

3. _____

7. _____

4. _____

8. _____

5. _____

9. _____

OFFICE USE

APPLICATION DATE: _____

PASS NUMBER: _____

RECEIPT NUMBER: _____