

VILLAGE OF  
**ARCANUM**

2025 POOL MEMBERSHIP APPLICATION

FIRST & LAST NAME:

ADDRESS:

PHONE:

EMERGENCY

CONTACT:

(Name & Phone #)

PASS TYPE

\_\_\_\_\_ **SENIOR 60+ (\$45)**

\_\_\_\_\_ **SINGLE (\$55)**

\_\_\_\_\_ **FAMILY (\$150)**

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

**LIMIT OF 6 MEMBERS ON A FAMILY PASS. EACH  
ADDITIONAL MEMBER IS \$30**

PASS MEMBERS

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

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1. \_\_\_\_\_

6. \_\_\_\_\_

2. \_\_\_\_\_

**Additional Members \$30 per member**

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

5. \_\_\_\_\_

9. \_\_\_\_\_

OFFICE USE

APPLICATION DATE: \_\_\_\_\_

PASS NUMBER: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_