



2026 POOL MEMBERSHIP APPLICATION

FIRST & LAST NAME: _____

ADDRESS: _____

PHONE: _____

EMERGENCY CONTACT:
(Name & Phone #) _____

PASS TYPE

_____ **SENIOR 60+ (\$55)**

_____ **SINGLE (\$65)**

_____ **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)

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

1. _____

6. _____

2. _____

Additional Members \$30 per member

3. _____

7. _____

4. _____

8. _____

5. _____

9. _____

OFFICE USE

APPLICATION DATE: _____

PASS NUMBER: _____

RECEIPT NUMBER: _____