

## WILLOW POOL SUMMER 2024 MEMBERSHIP FORM

1. **Applications that are incomplete or illegible will not be processed.**
2. Deliver completed application to the pool or email it to willowpoolhtx@gmail.com
3. Bring payment to the pool (cash, check) or Zelle 713-723-7669.
4. Acknowledge Willow Pool rules & operations can change.

Primary Contact Member:		Member #:
Spouse/Secondary Contact Member:		
Home Address (If <b>all</b> contact information is same as last year, please check same):		Same:
Phone Number(s): Preferred: _____ Secondary: _____		Same:
Email(s):		Same:
List of Children - First Name:	Last Name:	Age:
<b>Family Membership:</b> (on or before June 2 <sup>nd</sup> ) <b>\$250</b> _____ (after June 2 <sup>nd</sup> ) <b>\$275</b> _____ <i>If family includes more than 6 members, additional \$50 per additional member</i> # of Additional Family Members _____ (insert number of additional family members)		
<b>Individual Membership:</b> (on or before June 2 <sup>nd</sup> ) <b>\$165</b> _____ (after June 2 <sup>nd</sup> ) <b>\$190</b> _____		
<b>New Member Joining Fee.</b> Please check one below: Previous Member (Y/N) _____ New Family Member \$50 _____ New Individual Member \$25 _____		
For Willow Pool Use Only:	Amount Paid:	Check Number:
Date:	Approved by:	Member #:

Initials \_\_\_\_\_