

Milton Area Community Pool
2018 Membership Application

Name: _____ Date: _____

Mailing Address: _____

Email _____

Phone _____

Types of Memberships

Family - \$180.00 Adult - \$90.00 Student - \$50.00 Senior - \$65.00

Membership Information

Full Name

Birth Date

After 5 family members an additional \$10 is charged per person.

Amount Paid: \$ _____

Cash Check

Staff completing form: _____

Signature _____

Attached waiver must be signed and dated by a parent or guardian.

Signature of Parent/Guardian

Date