Milton Area Community Pool 2017 Membership Application

Name:	Date:			
Mailing Address:				
Email				
Phone				
	Types of Memb	<u>erships</u>		
Family - \$180.00	Adult - \$90.00 Stu	dent - \$50.00	Senior - \$65.00	
Full Name	Membership Info	<u>ormation</u>	Birth Date	
After 5 family members an				
Amount Paid: \$			Cash	Check
Staff completing form:				
Signature			*****	
Attached waiver must be s	igned and dated by	a parent or gua	rdian.	

Date

Signature of Parent/Guardian