

**APPLICATION FOR MEMBERSHIP**

DATE \_\_\_\_\_

**Spring City Community Pool 610 948 6400****MEMBERSHIP / PAYMENT TYPE (OFFICE USE ONLY)**

FAMILY \_\_\_\_\_ ADULT \_\_\_\_\_ TEEN \_\_\_\_\_ CHILD \_\_\_\_\_ SR.ADULT \_\_\_\_\_ SR.FAM \_\_\_\_\_

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION AND SIGN AT THE BOTTOM****PRIMARY MEMBER NAME**

TITLE (MR / MRS / MS / DR) FIRST NAME M.I. LAST NAME

**SPOUSE OR OTHER**

TITLE (MR / MRS / MS / DR) FIRST NAME M.I. LAST NAME

**HOME ADDRESS**

STREET ADDRESS APT HOME PHONE (Include Area Code)

TOWNSHIP OR BOROUGH STATE ZIP EMAIL ADDRESS

**EMERGENCY CONTACT**

Name and Relationship Phone Number(Include Area Code)

**DEPENDENT FAMILY MEMBERS**

FIRST NAME LAST NAME (if different) AGE SEX RELATIONSHIP SCHOOL

1)

2)

3)

4)

5)

**VOLUNTEER OPPORTUNITIES/INTERESTS**

If you are interested in helping out in any way, please list your areas of interest

**MEMBERSHIPS ARE NON-TRANSFERABLE AND NON-REFUNDABLE**

Family membership includes people residing in the same household as follows: spouse or life partner, dependent children through age 22 if full-time student(need proof) or any other person that is claimed on income tax return as a legal dependent(need copy of tax return or proof of dependency)

SIGNATURE OF PARTICIPANT OR SIGNATURE OF PARENT OR GUARDIAN(if under 18) DATE

SIGNATURE DENOTES THAT YOU HAVE READ AND WILL ABIDE BY POOL RULES

**SPRING CITY BOROUGH RESIDENTS**

FAMILY	\$200
ADULT (19 YEARS AND UP)	\$100
TEEN (13 to 18 YRS)	\$85
CHILD (12 AND UNDER)	\$65

**OTHER THAN SPRING CITY BOROUGH RESIDENTS**

FAMILY	\$225
ADULT(19 YEARS AND UP)	\$115
TEEN( 13 TO 18 YRS)	\$100
CHILD (12 AND UNDER)	\$85

MAKE CHECKS PAYABLE TO COMMUNITY ASSOCIATION OF SPRING CITY (CASC) PO BOX 277 SPRING CITY PA 19475 SWIMSPRINGCITY@HOTMAIL.COM