

**APPLICATION FOR MEMBERSHIP**

DATE \_\_\_\_\_

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

FAMILY \_\_\_\_\_ ADULT \_\_\_\_\_ TEEN \_\_\_\_\_ CHILD \_\_\_\_\_ SR.ADLT \_\_\_\_\_ 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 \$175  
ADULT (19 YEARS AND UP) \$90  
TEEN (13 TO 18 YRS) \$75  
CHILD (12 AND UNDER) \$60**OTHER THAN SPRING CITY BOROUGH RESIDENTS**FAMILY \$200  
ADULT(19 YEARS AND UP) \$105  
TEEN( 13 TO 18 YRS) \$90  
CHILD (12 AND UNDER) \$75

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