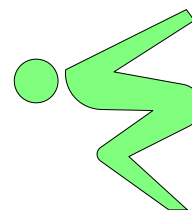


Castle Garden Pool Association



www.Castlegardenspool.org

MEMBERSHIP APPLICATION

Please complete this form and the waiver and return with payment made payable to:

Castle Garden Pool Association
Membership Chairman
P.O. Box 531597
Livonia, MI 48153-1597

Name: _____ Member # _____ (if you remember)

Address: _____

City / Zip: _____ Phone: * _____

*Contact phone number must be on record in order for your children, age 12 and over, to be at the pool unaccompanied.

E-Mail Address: _____

Castle Gardens/Tiffany Park Resident (please circle): YES NO

Membership Type (see website for specific definitions-- **please circle**): Family Membership (\$475)

Single Membership (\$270) Couple Membership (\$375) Single Parent/One Child Membership(\$375)

Single Senior Membership (\$210) Couple Senior Membership (\$270) Additional Childcare Membership (\$50)
(must be 62 or older) (both must be 62 or older) (see website for details)

-----Any questions, please contact CGPA Treasurer or email CGPAmembership@gmail.com -----

Names of Family Members (must be living in household):

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

(list additional names on back of form)

Occupation or Abilities (Optional): _____

**FALSIFYING MEMBERSHIP INFORMATION
WILL RESULT IN LOSS OF POOL PRIVILEGES.**

FOR CGPA USE:

Date: _____	Date: _____	Date: _____
Check#: _____	Check: _____	Check#: _____
Amt.Paid: _____	Amt.Paid: _____	Amt.Paid: _____
Rec'd By _____	Rec'd By _____	Rec'd By _____

Additional Names:

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____