\begin{tabular}{|c|c|c|c|c|}
\hline \multicolumn{5}{|c|}{MEMBERSHIP APPLICATION} \\
\hline \multicolumn{5}{|c|}{Westbridge Neighborhood Pool, Inc.} \\
\hline \multicolumn{2}{|l|}{Applicant Name:} \& \multicolumn{3}{|l|}{Co-Applicant Name:} \\
\hline Work Phone: \& Cell Phone: \& Work Phone \& Cell Ph \& \\
\hline \multicolumn{2}{|l|}{Address:} \& \multicolumn{3}{|l|}{E-Mail Address(s):} \\
\hline \multicolumn{5}{|c|}{Additional Family Members/Babysitter(s) - Names \& Ages} \\
\hline \multicolumn{2}{|l|}{Name 1:} \& \multicolumn{2}{|l|}{Date of Birth:} \& \\
\hline \multicolumn{2}{|l|}{Name 2:} \& \multicolumn{2}{|l|}{Date of Birth:} \& \\
\hline \multicolumn{2}{|l|}{Name 3:} \& \multicolumn{2}{|l|}{Date of Birth:} \& \\
\hline \multicolumn{2}{|l|}{Name 4:} \& \multicolumn{2}{|l|}{Date of Birth:} \& \\
\hline \multicolumn{2}{|l|}{Name 5:} \& \multicolumn{2}{|l|}{Date of Birth:} \& \\
\hline \multicolumn{2}{|l|}{Name 6:} \& \multicolumn{2}{|l|}{Date of Birth:} \& \\
\hline \multicolumn{2}{|l|}{Name 7:} \& \multicolumn{2}{|l|}{Date of Birth:} \& \\
\hline \multicolumn{5}{|c|}{Emergency Contacts} \\
\hline \multicolumn{2}{|l|}{Emergency Contact Name 1:} \& \multicolumn{3}{|l|}{Emergency Contact Name 2:} \\
\hline Work Phone: \& Cell Phone: \& Work Phone \& Cell Ph \& \\
\hline \multicolumn{5}{|c|}{Membership Fees} \\

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$\$ 400.00$ \\
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$\$ 5.00$ \\
$\$ 25.00$ \\
$\$ 10.00$ \\
$\$ 20.00$
\end{tabular} \\

\hline \multicolumn{5}{|l|}{| Membership Dues and Annual Dues are payable at the time application is made. Annual Dues are the responsibility of the applicant. Membership dues are payable unless your home/lot comes with a voucher. |
| :--- |
| Make checks payable to: Westbridge Neighborhood Pool, Inc. |
| DROP OFF ALL FORMS AT: 1016 Millies Way (Michelle Cliff) |} \\

\hline \multicolumn{5}{|c|}{Signatures} \\
\hline \multicolumn{5}{|l|}{By signing this application, my family agrees to abide by the articles of incorporation by-laws, and the pool rules of Westbridge Neighborhood Pool, Inc. Also by signing the application, my family agrees that use of the facilities at the Westbridge Neighborhood Pool is at my own risk and I will assume liability arising therefrom.} \\
\hline \multicolumn{3}{|l|}{Signature of Applicant:} \& \multicolumn{2}{|l|}{Date:} \\
\hline \multicolumn{2}{|l|}{Signature of Co-Applicant:} \& \& Date: \& \\
\hline
\end{tabular}

