



Swimming Pool Membership Application Non-Residents

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Membership Fee: \$150. Checks payable to the City of Shenandoah

Applicant Information:

Date: _____

Name: _____

Address: _____

Telephone: _____ Email: _____

List Names of Family Members in Household:

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

List an Emergency Contact Person NOT Living With You:

Name: _____ Telephone: _____

Relationship: _____ Alt. Phone: _____

OFFICE USE ONLY

POOL CANNOT BE USED PRIOR TO POOL USAGE PAYMENT

DATE RECEIVED		DATE POOL MANAGER NOTIFIED	
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