

# INDOOR POOL

# APPLICATION FOR MEMBERSHIP

**\*\*\*IMPORTANT\*\*\*PLEASE READ THE FOLLOWING PRIOR TO FILLING OUT THE APPLICATION**  
Pool memberships are available to Active or Retired members of the Armed Services, National Guard, Reserves, NASA, VA Administration, DOD Civilians (NAF and AF), and Griffin Services and their eligible family members ONLY. A spouse is eligible and any child or person who is considered a dependent under IRS dependent guidelines and is claimed as a dependent on a federal tax return. Non-dependents, such as adult children, parents, siblings and other friends or relatives are not eligible for a membership. Incomplete applications will not be processed.

**TODAY'S DATE:** \_\_\_\_\_ **ID CARD MUST BE PRESENTED AT REGISTRATION**

**TYPE OF PASS TO BE PURCHASED:** Circle all that Apply  
Family      Individual      Monthly      Season      Annual

**SPONSOR'S NAME:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME #** \_\_\_\_\_ **WORK#** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **Sponsor Status:** Active, DOD Civ, Etc. \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

List the names of ELIGIBLE family members below... (INCLUDE SPONSOR)

NAME	AGE	RELATIONSHIP TO SPONSOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STAFF USE: FILL OUT THE INFORMATION BELOW COMPLETELY**

**ID CHECKED**  All Information above has been checked for correctness

**Amount Tendered:** \_\_\_\_\_ **Method of Payment:** Cash, Check # \_\_\_\_\_, Credit Card (circle one)

**Expiration Date:** \_\_\_\_\_ **Employee Initials:** \_\_\_\_\_

*MJC July 2003*