

## WILLOW POOL SUMMER 2025 MEMBERSHIP FORM

1. Applications that are incomplete or illegible will not be processed.
2. Deliver completed application to the pool or email it to willowpoolhtx@gmail.com
3. Bring payment to the pool (cash, check) or Zelle 713-723-7669.
4. Acknowledge Willow Pool rules & operations can change.

Primary Contact Member:		Member #:
Spouse/Secondary Contact Member:		
Home Address (If <b>all</b> contact information is same as last year, please check same):		Same:
Phone Number(s): Preferred: _____ Secondary: _____		Same:
Email(s):		Same:
List of Children - First Name:	Last Name:	Age:
<p><b>Family Membership:</b> (on or before June 8<sup>th</sup>) <b>\$255</b>____ (after June 8<sup>th</sup>) <b>\$275</b>____</p> <p><i>If family includes more than 6 members, additional \$50 per additional member</i></p> <p># of Additional Family Members____ If family is registered for swim team, <b>\$55 discount</b> ____</p> <p><b>Individual Membership:</b> (on or before June 8<sup>th</sup>) <b>\$165</b>____ (after June 8<sup>th</sup>) <b>\$190</b>____</p> <p><b>New Member Joining Fee.</b> Please check one below:</p> <p>Previous Member (Y/N)____ New Family Member \$50____ New Individual Member \$25____</p>		
For Willow Pool Use Only:	Amount Paid:	Check Number:
Date:	Approved by:	Member #:

I hereby agree that I will, and to the extent I have a family membership my family will, uphold and follow the rules of Willow Pool, and any of my negligence, misconduct, and/or disregard for the rules of Willow Pool (as posted and amended from time to time on the website at [www.willowpool.org](http://www.willowpool.org)) shall be solely my, the undersigned, responsibility.

Initials \_\_\_\_\_