2014 Kenholm Pool Membership Application

Household last name(s):		First-time members? (ci	ircle) Yes / No
	Household me	embers:	
(first name)	(age)	(first name)	(age)
(first name)		(first name)	(age)
(first name)	(age)	(first name)	(age)
Address:		Home phone:	
Mobile phone(s):	En	nail:	
Emergency contact name(s):		Relationship:	
Emergency contact phone(s):*If there are children under 18 who will be at a	the pool unattended, you must incl How did you hear ab	out the pool? [] Received flyer	contact's mobile number.
[] Referred by[] Flyer delivered to my home;[] Saw print ad in		at	;
Amount enclosed*:	[] Single person, ea	arly bird: \$278 (may be paid in in	
Checks payable to Kenholm Pool Association. Send to: Kenholm Pool Association P.O. Box 43 Delmar, N.Y. 12054	[] Single person, re [] Family, early bir paid by May 1st, re [] Family, regular re [] New single person [] New family: \$278 [] Benefactor: I wo	emaining \$139 on June 1st) egular rate: \$324 rd: \$378(may be paid in installme emaining \$189 on June 1st) rate: \$432 on: \$205 (i.e. has not been members pre ould like to donate \$ to bene	er previously) eviously) efit the pool.
* The pool relies on volunteers through volunteer responsib		ork, painting and other tasks. If you w -out fee to waive your volunteer dution	_
Because the pool operates in the mowould be willing to donate your time circle all that apply):			_
Legal Tax Carpentry Social events/fundraising	Plumbing Pool maintena Grounds mainter Electrical	nce Other (plea	ment/design use specify):

With questions or for more information, please contact us at **kenholmpool@gmail.com**.

We ather permitting, the pool is expected to be open daily from mid-June to Labor Day weekend.

We look forward to seeing you at the pool!