

**Morrisville Community Swimming Pool
Membership Card**

New Member (check) _____

Recommended by:
(new members only)

MEMBER TYPE (check ONE) **FAMILY** _____ **FAMILY TWILIGHT** _____ **INDIVIDUAL** _____
INDIVIDUAL TWILIGHT _____ **SENIOR** _____ **BABYSITTER** _____ **DUAL FULL DAY** _____

Member Name _____
Last First

Spouse Name _____
Last First

Address _____
#, Street, City, State and ZIP (state and ZIP required)

Home Phone Number _____

Email address _____

Emergency Number _____ Work Phone Number _____

Please list children and information requested

<u>Name</u>	<u>Age</u>	<u>Height</u>	<u>Weight</u>	<u>Hair Color</u>	<u>Card #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Proxy for Annual Meeting

I appoint the current President, Vice President or Secretary to vote as my proxy at the annual meeting of the Morrisville Community Swimming Pool, Inc. This proxy shall remain valid for no longer than 11 months.

Signed _____ Date _____

Comments: _____

Pool Use Only

	Amt. Paid	Date Paid	Initials
Payment #1	\$. / /		
Payment #2	\$. / /		
Payment #3	\$. / /		
Payment #4	\$. / /		