

ATHENS RECREATION ASSOCIATION
2 Evergreen Place, PO Box 52
Athens, New York 12015

Office Use Only	
Membership Type	
Family	_____
Individual	_____
Senior	_____

2013 POOL MEMBERSHIP APPLICATION

NAME: _____ PHONE: home: _____

ADDRESS: _____ work: _____

: _____ emerg: _____

EMAIL ADDRESS: _____

Select membership option

Please print

___ **FAMILY.....\$350.00(\$325.00 if paid in full by 5/31/13)**
 (call for details on how to get a discount for some sweat equity)
(Immediate Family Mother, father, children under the age of 18 living in the same household)

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

___ **INDIVIDUAL.... \$210.00 (\$200.00 if paid in full by 5/31/13)**

Name	DOB
_____	_____

___ **SENIOR.....\$110.00 (\$100.00 if paid in full by 5/31/13)**
 (over the age of 60)

Name	DOB
_____	_____

I verify that information provided by me is true and accurate. I understand and agree to the terms of my membership.

SIGNATURE _____ **DATE** _____

The Board of Directors reserves the right to consider changes to these memberships

Office use only...installment payments

<u>Date</u>	<u>ck#</u>	<u>Amount</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____