



# Swimming Pool Membership Application Non-Residents

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**\*Membership Fee: \$150. Checks payable to the City of Shenandoah\***

Applicant Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

List Names of Family Members in Household:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

List an Emergency Contact Person NOT Living With You:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

## OFFICE USE ONLY

*POOL CANNOT BE USED PRIOR TO POOL USAGE PAYMENT*

<b>DATE RECEIVED</b>		<b>DATE POOL MANAGER NOTIFIED</b>	
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