

APPLICATION BEE MEADOW POOL MEMBERSHIP

Name _____ Tel. No.: _____

Last (PLEASE PRINT) First

Address _____

Email: _____

Membership: ☐ Family ☐ Single ☐ Two-Person (Same Household) ☐ Associate
☐ Senior Couple ☐ Senior Single ☐ Senior Couple with Grandchildren (Max 3) ☐ Senior Single with Grandchildren (Max 3)

Status: ☐ Resident ☐ Non-Resident ☐ Corporate

I state that I agree to abide by the Rules and regulations of the Bee Meadow Pool. **(Sign below, adults and children over age 12)**

Names

Adult		Child's Age	Child's DOB	
Adult				
Child				
Child				
Child				
Child				
Child				