



**2025 Pool Membership Application**

-Staff Only-

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Pass #: \_\_\_\_\_

Full Name of Family Member	Age

A family membership consists of two adults and up to 5 children that are immediate family members under the age of 22 who are single and dependent on parents for the support and reside in the same home. An additional \$15 for resident and \$25 for non-resident will be charge for each additional child after the fifth child.

By signing this application, I agree to accept and abide by all rules and regulations now in force and hereafter adopted by the West Jefferson Municipal Pool. I agree that I have received the list of pool rules, weather information and days that we will be closing early.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Approved by Date

Cash Check Charge Amount paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Rcpt # \_\_\_\_\_  
(pool membership app)