

WEST JEFFERSON MUNICIPAL POOL
 45 INWOOD ROAD, WEST JEFFERSON, OHIO 43162
 MEMBERSHIP APPLICATION 2024 // STAFF ONLY

FAMILY NAME: _____ PHONE: _____

ADDRESS: _____ PASS NUMBER: _____

FULL NAME	AGE

A family membership consists of two adults and up to five (5) children that are immediate family members under the age of 22 who are single and dependent on parents for support and reside in the same home. An additional \$15 for Resident and \$25 for Non-Resident fee will be charged for each additional child after the 5th.

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: _____ DATE: _____ RCPT.# _____