2023 Ridglea Pool Online Member Enrollment Form(online payment only)

Complete, mark "Yes" below, and submit. Enrollment is not complete until form is submitted.

Member Name_____

Last First Other—if payment in another name.

Mailing Address_____

Number Street City Zip

Phone_____ Email_____

Membership Category __Family __Couple __Single ___Sr. Couple ___Sr. Single

If you are new to Ridglea Pool, how did you find us? _____

Please specify by name current member, if applicable. Otherwise state source, ie specific school, social media, website. Thanks!

Please list all household members to be included in membership, ages 2 and above:

Adults _____

First Name Last Name Gender Occupation

_____

First Name Last Name Gender Occupation

Children—please include first and last names, age and gender(M/F).

1_____ 2_____

3_____ 4_____

5_____ 6_____

7_____ 8_____

Member ID's are issued one per family. Additional ID's are available upon request, but most folks use phone photos to show for pool entry. A master record of members is maintained at the pool. Additions to the master record are completed within 2 days of enrollment, if enrollment is completed after the season begins. Please check in at the front desk each time you visit the pool. Guest passes are to be carried by members. If we have questions regarding your dues or enrollment, we will email or call. Children's info is strictly for identification/membership status verification and is never shared. We do not share member information with outside parties.

****

***PLEASE READ and INDICATE AGREEMENT BELOW**—By marking YES below, member affirms and agrees: I hereby understand that the information entered hereon is true and correct to the best of my knowledge and belief. Family members for whom a pass is issued under this membership are legitimate members of my household. I, my spouse/partner, child/children attending the pool facility under this membership, and our guests, are to abide by all rules of entry, operation and conduct set out by The Board of Directors of Ridglea Swimming Pool Association Inc. I acknowledge the member privileges afforded by this membership are only for the use of the person(s) named hereon for the 2023 swim season, and are not transferable.___YES*

Office Use Only: New?___ Member #_____

Date processed: _____ Record updated_____ "ID"_____ "Guest Pass"_____ File Card_____Roster____