

# Purchase Pool Membership Application



Family Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mom Cellphone: \_\_\_\_\_ Dad Cellphone: \_\_\_\_\_  
 Mom Email: \_\_\_\_\_ Dad Email: \_\_\_\_\_

List below, all **FAMILY MEMBERS**, defined as **"Two adults and their children living in the same single family household"**, to be included on your Membership. (Extended Family members such as Grandparents, Aunts, Uncles, Nieces, Nephews, etc. must obtain their own membership.)

FIRST NAME	LAST NAME	DOB	RELATIONSHIP
Use this section for Family Member Information.			

Use this section for Caregiver Information \$100.00 Fee per person.

Please check according to your deductions

- Base Fee \$750. (Everyone Joining)**
- Are You a Purchase Resident? Yes, then deduct \$300.**
- Are You an After School Member? Yes, then deduct \$150.**
- Are You a Purchase Day Camp Patron? Yes, then deduct \$150.**

**\$750. minus your deductions = your Pool Membership fee of \$ \_\_\_\_\_ .00**

The applicant acknowledges that the above information is true and accurate to the best of his/her knowledge and that he/she will abide by all pool policies and procedures. The undersigned also understands that submission of false information on this application will void all eligibility for Purchase Pool Membership.

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

\_\_\_\_\_  
Date

**Payment Info:** Please make checks payable to Purchase Community, Inc.

Credit Card:       Name on Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Office Use:  
 Date Received: \_\_\_\_/\_\_\_\_/2017 Amount: \$ \_\_\_\_\_ .00 Ck #: \_\_\_\_\_ Cash: \$ \_\_\_\_\_ .00