

WILTONDALE POOL
Wiltondale Pool Committee
PO Box 27531
Towson, MD 21285-7531

MEMBERSHIP RENEWAL

Last Name	First Name	Middle Initial
-----------	------------	----------------

Spouse Last Name	First name	Middle Initial
------------------	------------	----------------

Address Street	City	State	Zip Code
----------------	------	-------	----------

Telephone Numbers:	Home	Cell
--------------------	------	------

Type of Membership; Individual Adult, Husband & Wife, Family or Single Parent & Single Child

For memberships with children, please complete the following. Remember that per your contract, eligible children are those who are in your immediate family and live with you.

Name of Child:	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Residency Status (circle one): Wiltondale Resident Non-Resident

Membership Dues: _____

Caregiver Dues: _____

Amount Enclosed: _____