Brookshire Neighborhood Pool – 2021 Membership Application

Please PRINT all information *legibly and be as complete as possible.*
Please use one form for each Family or Individual membership

1. Membership Types and Cost: Place an X in the Applicable Space

Family Membership *(includes all immediate family living at same address): $365*_____
Early Bird (postmarked /paid on-line by May 16) $350.00 _____
Individual Membership: $125.00 _____
Early Bird (postmarked /paid on-line by May 16) $100.00 _____
*8-visit Membership pass : $70.00*_____

2. **Required Information:** *(Individual membership applicants, please fill out one form for each individual)*
Family or Individual (last) Name: _____
Street/Mailing Address: _____, CARMEL, INDIANA 46033
Home Phone :(____)_____Alternate Phone: (_____)_____
Email:_____@_____

Familiar/First Name of each Family Relationship Minors (Under 18) Birth Month/Year
or the Individual Member

_____
_____
_____
_____

Mail this application along with your check made payable to: Brookshire Pool Club
Brookshire Pool Club
12124 Brookshire Parkway, Carmel, IN 46033

Or visit www.brookshirepool.org to pay via PayPal on-line. Membership form must still be sent in or dropped off at the pool after opening when paying by PayPal.

Membership passes can be picked up at the pool at your first visit.

By executing this application, the applicant agrees to hold the Brookshire Homeowner's Association and/or the Brookshire Water Safety Education, the Brookshire Swim Team, its officers or agents, harmless with regard to any personal injury or other damages that may result from the use by me, my family or my guests of the swimming pool and related premises located at 12124 Brookshire Parkway, Carmel In 46033. I agree to abide by the rules and regulations as established by The Pool. Memberships will be refunded 100% if for some unforeseen reason the pool does not open. Memberships are non-transferable. Membership is good for the 2020 summer season only. The management reserves the right to limit the number of memberships.
I HAVE READ AND WILL ABIDE TO THE BROOKSHIRE POOL 2021 MEMERSHIP RULES.

_____ $_____ _____
Signature Date Amount enclosed Check Number

If paid on-line by PayPal, please complete this section:

Amount Paid: _____ Date Paid: _____