

TO JOIN: Complete application below & return with your check. Bring to the pool or send by mail to: **Willow Pool Inc., P.O. Box 35889, Houston, TX, 77235**

Member:		<b>POOL USE ONLY</b>	
Spouse:			
St	ZIP:	Amount Paid:	
Hm Phone:	Wk Phone:	Ck #	Date:
Email:		By:	Member #

**List Children**

First Name	Last Name	Age

**Type Of Membership –ADDITIONAL \$50 PER MEMBER BEYOND FAMILY OF SIX**

Family (before June 5<sup>th</sup>) \$225     Family (after June 5<sup>th</sup>) \$250     Individual (before June 5<sup>th</sup>) \$150   
 # of Additional Members (insert count) \_\_\_\_\_

**New Member Fee (check one):**

New Family Member \$50     New Individual Member \$25     Previous Year Member