

**Milton Community Pool  
2010 Membership Application**

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Borough/Township \_\_\_\_\_  
Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Types of Memberships**

**Family of 5:** \$150 (\$10 for each additional family member living in the same household)  
**Adult:** \$75    **Student:** \$45    **Senior (62 or older):** \$50

**Member Information**

**Full name**

**Birth date**


Signature \_\_\_\_\_

Signature indicates acceptance of waiver. Waiver needed to complete application.

\*\*\*\*\*

Pool representative \_\_\_\_\_

Cash     Check    Payable to Borough of Milton (Check number: \_\_\_\_\_)