



WESTFIELD MEMORIAL POOL

RESIDENT MEMBERSHIP WAITING LIST APPLICATION

PLEASE PRINT LEGIBLY – ALL INFORMATION MUST BE INCLUDED

NAME (Last): _____ (First) _____

STREET: _____

CITY: _____ STATE: _____ ZIP _____

PHONE#: (_____) _____ EMERGENCY PHONE# (_____) _____

EMAIL: _____

**PLEASE PRINT LEGIBLY THE NAMES, RELATIONSHIP AND
BIRTHDATES OF ALL INCLUDED IN MEMBERSHIP**

NAME/NAMES	RELATIONSHIP	BIRTHDATE
YOUR NAME:		/ /
2.		/ /
3.		/ /
4.		/ /
5.		/ /
6.		/ /
7.		/ /

**CIRCLE CATEGORY YOU ARE APPLYING FOR
(CHECK BROCHURE FOR CATEGORY EXPLANATION)**

[FAMILY W/CHILD CARE]
 [FAMILY]
 [MARITAL/DOMESTIC/CIVIL UNION PARTNERS]
 [PARENT/CHILD-under 12]
 [INDIVIDUAL]
 [SENIOR CITIZEN]

I hereby certify that the information given is correct and agree to abide by such rules and regulations as are adopted by the Recreation Commission (Section 2-26 and 16-22 of the Code of the Town of Westfield).

DATE: _____ SIGNATURE: _____

RETURN COMPLETED FORM TO : **Westfield Recreation Department**
 425 East Broad St., Westfield, NJ 07090
 (908) 789-4080

OFFICIAL USE ONLY

DATE RECEIVED _____ BY _____ ENTERED _____ APP.# _____

DATE CALLED _____ BY _____ DATE CALLED _____ BY _____