

Williamsburg Community Pool

 Family/Individual Last Name(s)

First Names:

_____ Age _____ Age
 _____ Age _____ Age
 _____ Age _____ Age
 _____ Age _____ Age

Address _____

E-mail(s) _____

Phone _____ Phone _____

Best Method to Contact You: _____

**Please e-mail a copy of this form to wmsbg.community@gmail.com and bring a printed copy with you on your first visit to the pool.

OFFICE USE ONLY			
Member Number			
DATE	AMOUNT	METHOD	MISC.

TYPE OF MEMBERSHIP

- Family – \$265 Couple – \$205
 Single – \$135 10-Visit Pass \$100

HOW DID YOU HEAR ABOUT US?

