

CITY OF BRUNSWICK MUNICIPAL POOL



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018 Pool Membership Application

	/pe:	☐ Adult (18 & Up)		Person	☐ Hous		□ Ser (60 & Up	ior [Teer	1	
Please note, all persor	s on a shared (2 perso	n or household) n	nembershi	p must legal	ly reside at t	the same a	ldress	Date:			/
First Adult (or st	and-alone Youth/	Teen Member)							/	4	<u>/</u>
First name:		M.I.:	Last Nar	ne:				D.O.B.:	/	4	/
Mailing Address:		•							Male	□F	emale
City:	State: Zip:			Email:							
imary Phone:			Secondary Phone:								
Parent Guardian Name (If \	outh/Teen Membership):						Re	lationship:			
Second Adult											
First name:		M.I.:	Last Nar	ne:				D.O.B.:	/		/
Mailing Address:		-							Male	□ г	emale
City:		State:	Zip:		Email:						
Primary Phone:				Secondary P	hone:						
Dependent(s) (Legal dependents	up to age 21, o	or up to	age 23 if e	nrolled in	college f	ull time				
First name:	M.I.:			D.O.B	3.: /	/	□ Ma □ Fen	~	ntionship:		
First name:	M.I.:			D.O.B	3.: /	/	□ Ma	٠	itionship:		
First name:	M.I.:			D.O.B	3.: /	/	□ Ma □ Fen	٠	ntionship:		
First name:	M.I.:			D.O.B	3.: /	/	□ Ma □ Fen	~	itionship:		
First name:	M.I.:			D.O.B	3.: /	/	□ Ma □ Fen	٠ ١	itionship:		
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