

2024 HILLSBOROUGH POOL MEMBERSHIP

13515 Beckenham Drive, Little Rock, AR 72212

www.Hillsboroughpool.org

Facebook: Hillsborough Pool

HillsboroughPool@gmail.com

APPLICANT INFORMATION

Name: _____

Spouse / Partner Name: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone # () Email Address: _____

Emergency Contact: _____ ()
Name *Emergency Contact Ph #*

Children Residing In Home

Name & Age *Name & Age*

Name & Age *Name & Age*

2024 MEMBERSHIP RATES

<input type="checkbox"/> \$310 FAMILY RATE (must reside in the same household)	<input type="checkbox"/> \$260 MILITARY RATE (<u>Active or Retired</u> must provide ID w/ application)	<input type="checkbox"/> \$160 SENIOR RATE 62+
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Membership Choice	\$		<input type="checkbox"/> I am a new member and need a FOB to access pool. <input type="checkbox"/> I am a returning member and have lost my FOB and need a replacement for a \$5 fee. FOB is mandatory for accessing Pool.
Donation to Pool	\$		*all donations help with maintenance and upkeep of pool
TOTAL AMOUNT DUE:	\$		(Make Check payable to HPOA POOL)

PAY BY CREDIT CARD Email to receive Invoice: _____
If you elect to pay by CC, a 3.5% processing fee will be added to the total amount due. An invoice will be emailed to you from Hillsborough Pool and you can pay directly from invoice via square. Email: hillsboroughpool@gmail.com for any questions.

SIGNATURE

DATE

By signing and dating you agree that you have read and will comply with the 2024 HPOA Pool Rules. A copy of the rules is available at HillsboroughPool.org under the Membership Page.

REFERRED BY: _____