

Please mail completed form and membership fee to: HVCA / 315 Montford Ave / Mill Valley, CA 94941

2010 HVCA Pool Membership Form

Last Name: _____ (list bee sting allergy, asthma, epilepsy, etc. below)

First Name: _____ **Age:** _____ **Medical Info.** _____

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First Name: _____ **Age:** _____ **Medical Info.** _____

Address: _____ **Email:** _____

Home Phone: _____ **Work #:** _____ **Cell #:** _____

Emergency Contact: _____ **Emergency Phone:** _____

Doctor / Hospital: _____ **Doctor's Phone:** _____

Circle One: Individual Senior (60+) 2-Person Family

Homestead Resident: (check if applicable)

Membership Fee: \$ _____ **or (Early Bird -10%)** \$ _____

Please include payment for full amount. Please make check for fees payable to HVCA. Fees may be paid by Cash, Check, or Credit Card (VISA/MC/Discover - ID Required)

We will read and comply with the pool rules:

Signature: _____ **Name:** _____ **Date:** _____

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