



MILESTONE OWNERS ASSOCIATION

NON-RESIDENT FAMILY POOL MEMBERSHIP FORM

2018 Pool Season

ONLY THOSE INDIVIDUALS THAT ARE IMMEDIATE FAMILY AND PERMANENT RESIDENTS WITHIN A SINGLE HOUSEHOLD MAY BE INCLUDED.

Family's **LAST** Name _____

Address _____

Owner's Name _____ Home Phone _____

Work Phone _____ Spouse's Name and Work Phone _____

Cell Phone _____ Spouse's Cell Phone _____

Please list the names of **all** persons **WHO ACTUALLY LIVE IN YOUR HOUSEHOLD** that will be using the pool.

IMPORTANT: A member shall consist of the immediate family which is defined to include husband, wife, and/or dependent children in the same domicile; and others, upon Milestone Owners Association's (MOA) approval, who reside in the same domicile and are dependent on the head of the household, who are included on the membership application.

Note: An **adult** need to only provide his/her name and place a **check mark** in the adult column. If you have **children** who will attend the pool, please fill out their name(s) in birth order with **DOB and their age as of June 1.**

<u>First Name</u>	<u>Last Name</u>	<u>DOB for Children UNDER 18 Years Old</u>	<u>Age</u>	<u>Adult</u>
1 _____	_____	____ - ____ - ____	_____	_____
2 _____	_____	____ - ____ - ____	_____	_____
3 _____	_____	____ - ____ - ____	_____	_____
4 _____	_____	____ - ____ - ____	_____	_____
5 _____	_____	____ - ____ - ____	_____	_____
6 _____	_____	____ - ____ - ____	_____	_____
7 _____	_____	____ - ____ - ____	_____	_____
8 _____	_____	____ - ____ - ____	_____	_____

I, *(please print clearly)* _____, desire the privilege of using the **Milestone Association Pool**. I understand that any person listed on this application, including myself, will be bound by the Rules and Regulations set forth by Milestone for use of the pool and that everyone listed on this application are **permanent household residents**. I understand that this application serves as a formal agreement signed between the *Milestone Owners Association* and myself. **Pool passes will be distributed by the pool gate attendant and are mandatory for admittance to the pool.** If you have further questions, please contact the Milestone Site Manager at the clubhouse, 550-4656.

Full Name *printed* _____ & Signature _____
 Head of Household Head of Household

Email address _____
 (Milestone use only – will not be released to solicitors)

PLEASE MAIL YOUR CHECK (*made out to: Milestone Owners Association for \$425.00*) **AND THIS FORM TO: Milestone Clubhouse, Attn: Site Manager, 11030 Milestone Drive, Mechanicsville, VA 23116**