

2019 INDIVIDUAL MEMBERSHIP



Full name

If member is a child, please list parent/guardian name

Home Address

City

State

Zip

Preferred phone number

Alternate phone number

Email address

CHOOSE YOUR MEMBERSHIP TYPE			
<i>An individual membership is valid for one person and is non-transferrable.</i>			
Full season \$150 <input type="checkbox"/>	June \$45 <input type="checkbox"/>	July \$65 <input type="checkbox"/>	August \$50 <input type="checkbox"/>
<ul style="list-style-type: none"> - Access to the pool for one person every day for the entire season - Four day passes - Membership in the Clinton Youth Foundation 	<ul style="list-style-type: none"> - Access to the pool for one person from opening day through June 30 - Two day passes - Membership in the Clinton Youth Foundation 	<ul style="list-style-type: none"> - Access to the pool for one person from July 1-31 - Four day passes - Membership in the Clinton Youth Foundation 	<ul style="list-style-type: none"> - Access to the pool for one person from August 1 through closing day - Two day passes - Membership in the Clinton Youth Foundation

Return this form with payment to:
 Clinton Youth Foundation
 PO Box 32, Clinton, NY 13323
 Email any questions to theclintonpool@gmail.com

Jack Boynton Community Pool

Office Use Only:

Membership Fee: _____

Member Number: _____

Full Payment/Amt: _____

Full Payment/Date: _____

Partial Payment 1/Amt _____

Partial Payment1/Date: _____

Partial Payment 2/Amt: _____

Partial Payment 2/Date: _____

Payment Method: _____ Cash _____ Check (Check #) _____ Paypal

Other Notes: _____
