

WATERFORD HOMEOWNERS ASSOCIATION
2020 POOL APPLICATION (Waterford Homeowner Resident)

Application for pool membership. **Please complete below, cut and mail the application with your payment.**

Waterford HOA Resident- Family Membership (3+ names from same household)	\$390
Waterford HOA Resident- Adult Couple (2 names from same household. One must be 21y+)	\$330
Waterford HOA Resident- Single (1 name. Must be 21y+)	\$225

Please note: (This application is also available on our web site: www.waterfordclemmons.com)

- **Mail the completed slip below with your payment. (Incomplete applications will not be accepted.)**
- **List only family members living with you in accordance with the type (fee schedule) listed above.**
- **Pool membership is verified at the front gate upon each visit.**
- **ALL members and their guests must check in upon arrival. (See Guest Policy and Fees below.)**
- **Swim Team members MUST be pool members.**
- **Opening Date: Saturday, May 23. Closing Date: Monday, September 7.**

Guest Policy and Fees

- Guests may only be admitted when accompanied by a pool member.
- Guests must sign in and all fees must be paid at the gate. Guest fees are \$5.00 per person per day.
- Guest fees apply to persons living in Davie, Davidson, Forsyth, Guilford, Rockingham, Stokes, Surry, and Yadkin counties. All other guests are admitted at no charge.
- No guest may visit the pool more than 10 times in one season.
- Pool Managers have the right to limit the number of guests at any time.



2020 WATERFORD HOA RESIDENT Pool Membership Application (**PLEASE PRINT CLEARLY**)

Complete & mail w/correct payment amount to:

Waterford, P.O. Box 834, Clemmons, NC 27012

2020 pool membership fee schedule: Waterford Homeowner Association Residents: (check one)

<input type="checkbox"/> WHOA Resident- Family Membership (3+ names from same household)	\$390
<input type="checkbox"/> WHOA Resident- Adult Couple (2 names from same household. One must be 21y+)	\$330
<input type="checkbox"/> WHOA Resident- Single (1 name. Must be 21y+)	\$225

List only family members living with you whom are in accordance with the type (fee schedule) listed above.

PLEASE PRINT CLEARLY

Family Address (Street/City /Zip) _____

Adult 1: (First & Last Name) _____ (age) _____

Mobile phone _____ email _____

Adult 2: (First & Last Name) _____ (age) _____

Mobile phone _____ email _____

Dependent 1 (*First & Last Name*) _____ (age) _____

Dependent 2 (*First & Last Name*) _____ (age) _____

Dependent 3 (*First & Last Name*) _____ (age) _____

Dependent 4 (*First & Last Name*) _____ (age) _____

Dependent 5 (*First & Last Name*) _____ (age) _____