

ROCKBROOK SWIMMING POOL ASSOCIATION  
**FULL** MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADULT # 1: \_\_\_\_\_

ADULT #2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE : \_\_\_\_\_

CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAMES OF CHILDREN

DATE OF BIRTH

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

I hereby make a formal request for membership in Rockbrook Swimming Pool Association. I understand that membership requires the purchase of a \$200 Bond in addition to this year's dues. At the time my membership is accepted, I hereby agree for myself and family to comply with all rules and by-laws of the Association.

\_\_\_\_\_  
Signature

Return application, family census form and check to:

Rockbrook Pool  
c/o Bonnie York  
6211 S 109 Ave Circle  
Omaha, NE 68137

FOR ACCOUNTING USE ONLY
DEP _____
CK _____
RECD _____
# _____

Member Sponsor or Promo Code: \_\_\_\_\_