

ATHENS RECREATION ASSOCIATION
2 Evergreen Place, PO Box 52
Athens, New York 12015
518 945 9970

Office Use Only	
Membership Type	
Family	_____
Individual	_____
Senior	_____

2024 POOL MEMBERSHIP APPLICATION

NAME: _____ PHONE: Cell: _____
 ADDRESS: _____ Work: _____
 _____ Emerg: _____
 EMAIL: _____

MEMBERSHIP OPTIONS- PLEASE SELECT and PRINT CLEARLY

___ **FAMILY..... \$415.00** **Immediate Family, (parents, children college students living in the same house, plus 1 care giver)**

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

___ **INDIVIDUAL.... \$260.00**

Name	DOB
_____	_____

___ **SENIOR..... \$175.00 (age 60 and older)**

Name	DOB
_____	_____

I verify that information provided by me is true and accurate. I understand and agree to the terms of my membership.

SIGNATURE _____ DATE _____