

Town of Sudbury – Atkinson Pool

Membership Application

Park and Recreation Commission

MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE

MEMBERSHIPS BEGIN ON THE DATE OF PURCHASE

Please check one:

_____ New
_____ Renewal
_____ Change in Membership

Please check one:

_____ Sudbury Resident
_____ Non-Resident
_____ Town Employee

Please circle one:

Full Year Monthly (full year/reoccurring) Six Month Lunchtime Swim Pass

Please circle one:

Family Couple Adult Youth Senior

Primary Member Information

First Name: _____ MI: _____ Last Name: _____
Date of Birth: _____ Sex: _____
Street: _____ Town: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email: _____ Emergency Contact: _____ Relation: _____
Emergency Day Phone #: _____ Emergency Evening Phone #: _____

Family Membership

Please list family members who will be included in the membership
(people included in the membership must be immediate family members living within your household)

1. _____ M/F DOB
2. _____ M/F DOB
3. _____ M/F DOB
4. _____ M/F DOB
5. _____ M/F DOB
6. _____ M/F DOB

How did you hear about the Atkinson Pool? _____

Please make checks payable to: **Atkinson Pool**
Atkinson Pool, 40 Fairbank Road, Sudbury, MA 01776

OFFICE USE ONLY

Today's Date: _____ Expiration Date: _____ Membership taken by: _____

FORM OF PAYMENT:

Check #: _____ Bank: _____ Amount: _____
Card type: _____ Account #: _____ Exp date: _____
Authorization #: _____ Amount: _____