

MEMBER RENEWAL FORM

Annual Dues: \$400 due April 1 (Late fee of \$25)

First & Last Name: _____ Name of Spouse _____

Children/other household members: _____

Street Address: _____

Phone Number: () _____ --- _____ (Text—Yes or No—**please circle one**)

E-mail Address: (**please print clearly**) _____

*****Required in order to receive updates**

Key Fob Numbers to be activated: _____

(Look on key fob for serial #)

I would like to commit to 1-week of pool duty (Mon-Sun)

Preferred week: _____

Second choice: _____

*****Signature:** _____

(BY SIGNING YOU AGREE TO FOLLOW POOL RULES AND TAKE RESPONSIBILITY FOR YOUR HOUSEHOLD AND POOL GUESTS. VIOLATORS OF POOL RULES MAY FACE HAVING THEIR ANNUAL MEMBERSHIP REVOKED FOR THE SEASON.)

Please Remit Payment and Renewal Form To:

**Marlborough Manor Pool
c/o Becky Roark
3712 W. Morningside
Springfield, MO 65807
(417-207-0039)**