MEMBER RENEWAL FORM

First & Last Name: _____Name of Spouse _____

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

Street Address:	
Phone Number: ()	(Text—Yes or No— <u>please circle one</u>)
E-mail Address: (please print clearly)	
***Required in order to receive upda	ates
Key Fob Numbers to be activated: (Look on key fob for serial #)	
I would like to commit to 1-w	veek of pool duty (Mon-Sun)
Preferred week:	
Second choice:	

HAVING THEIR ANNUAL MEMBERSHIP REVOKED FOR THE SEASON.)

NEW: Please Remit Payment and Renewal Form To:

Marlborough Manor Pool c/o Eric Weiskopf 2341 S. Lexus Ave. Springfield, MO 65807 (417) 343-7285