Clemmons West Recreation Association (CWRA)

2020 Membership Application

Payment and Application Info:

Please mail completed application to:

CWRA PO BOX 232 Clemmons, NC 27012

Checks should be made payable to CWRA and mailed in with your application.

Payment can also be made online at: https://cwramembers hip.square.site

NOTE: A printed family photo (NOT DIGITAL) is required. This will be kept at the check-in desk and will be used to grant entry into the pool.

Questions?

Please contact the CWRA Board by emailing cwramembers@gmail. com.

Contact Information

Last Name:		First Name:			
Additional family men	mbers (NOTE: TH	is is for imm	ediate family membe	rs living at the s	ame address):
Name	Age (if u	ınder 18)	Name		Age (if under 18)
Street Address:					
-			State:	_	:
Email(s): (This will be u			-		
Home phone:	Cell ph	one:			
Emergency contact pho	one:				
By signing below, I atte agree to follow them al				es listed on th	e CWRA website and
Signature (required): _					
	Me	mbers	ship Selecti	<u>on</u>	
New Member? Y	es N	10	f not a new mem	ber, first year	you joined the
Please circle one meml	pership option	below:			
Membership		Prices aft	er 5/29		
Adult Membership		\$350			
(2 adults, same addre	ess)				
Family Membership		\$425			
New Household Membership		\$295			
(Never joined the CW	RA before)				
Senior Membership		\$250			
(Up to two people, 65	years or				
older)					
Swim Team Only Membership		\$200			

We have a swim team and we'd love to have your child swim with us this summer! For more information, please email cwaquademons@gmail.com or check out our swim team page on the CWRA website at www.thecwra.com.