Clemmons West Recreation Association (CWRA) 2025 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://cwramembe rship.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 members (*NOTE*: This is for immediate family members living at the same address. A "family" is defined as the applicant, their spouse, and their dependent children. Dependent children are an applicant's child, stepchild, or foster child under the age of 19, or under the age of 24 if a full-time student. A child may also qualify as dependent at any age if they are disabled.):

Name	Age (if under 18)	Name	Age (if under 18)

Street Address:		
City:	State:	Zip:
Email(s): (This will be used to con	nmunicate important info)	
Home phone:	_ Cell phone:	
Emergency contact phone:		
By signing below, I attest that I hav agree to follow them along with m		listed on the CWRA website and
Signature (required):		

Membership Selection

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New Member?	Yes	No	ioinii

*New member discount of \$25 off for anyone ining the pool for the first time!

Please circle one membership option below:

Membership	Early Bird Rate	Prices after 4/15
Senior Membership	\$285	\$310
(Two people, 65 years or older)		
Single Membership	\$300	\$325
Two-person Membership	\$360	\$385
Family Membership	\$460	\$485
Swim Team Only Membership	\$120	\$120

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