Clemmons West Recreation Association (CWRA) 2019 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://squareup.com/store/cwramembership.

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 OR Call Adam Koontz, Membership Coordinator at (704) 564-9476

Contact Information

Last Name:			First Name:		_
Additional family mem	bers (NOTE: Th	is is for imm	ediate family membe	rs living at the s	ame address):
Name Age (if		funder 18) Name			Age (if under 18)
Street Address:					
City: St			ate:	Zip: _	
Email(s): (This will be u	used to comn	nunicate i	mportant info)		
Home phone: Cell phone:			:		
Emergency contact pho	one:				
By signing below, I atte	st that I have	read the	Pool Policies & Rul	es listed on t	he CWRA website and
agree to follow them al	ong with my	family and	d all guests.		
Signature (required): _					
	M	ember	ship Select	ion	
	<u></u>		-		
New Member? Ye	s N	0	f not a new memb pool:	ber, first year	you joined the
Please circle one memb	bership optio	n below:			
Membership		Prices aft	er 4/15		
Adult Membership		\$350			
(2 adults, same address	s)				
Family Membership		\$425			
New Household Membership		\$295			
(Never joined the CWR	A before)				
Senior Membership		\$250			
(Up to two people, 65 y	years or				
older)					
Swim Team Only Membership		\$200			
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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.