

# The Pool at Shepherd's Vineyard Member Information Form

## NEW MEMBER? ...PLEASE COMPLETE & ATTACH YOUR PAYMENT

*Please make check payable to: The Pool at Shepherd's Vineyard*

Date: \_\_\_\_\_ Referred by Pool Member: \_\_\_\_\_  
Not required for membership

Family (Surname) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
House Number - Street Name City Zip Code

Primary Member Name: \_\_\_\_\_

Primary Member Phone # \_\_\_\_\_

Primary Email Address: \_\_\_\_\_  
This is **important** – it is now our new primary communication method

Secondary Member Name: \_\_\_\_\_

Secondary Member Phone # \_\_\_\_\_

<u>Child Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

Babysitter Name (special package): \_\_\_\_\_

Emergency contact – if not listed above (not required - Member choice):

\_\_\_\_\_  
Name Phone

Medical Information important for a lifeguard or EMT to know: \_\_\_\_\_  
Note required – Member choice