

Year: \_\_\_\_\_

## Village Harbor Property Owners Association Application for Annual Pool Pass

Application # \_\_\_\_\_

Passes can be purchased by members of Village Harbor for non-resident family members. Passes are \$45.00 each .  
Pool Passes will not be activated or renewed until a completed application and payment are received from the Village Harbor member.

\*\*\* PLEASE PRINT ALL INFORMATION CLEARLY \*\*\*

### MEMBER INFORMATION:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Lot #: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CARDHOLDER INFORMATION:

<input type="checkbox"/>	1. Name: _____	Age: _____	Relationship: _____	_____
	Address: _____		Phone: _____	_____
<input type="checkbox"/>	2. Name: _____	Age: _____	Relationship: _____	_____
	Address: _____		Phone: _____	_____
<input type="checkbox"/>	3. Name: _____	Age: _____	Relationship: _____	_____
	Address: _____		Phone: _____	_____
<input type="checkbox"/>	4. Name: _____	Age: _____	Relationship: _____	_____
	Address: _____		Phone: _____	_____
<input type="checkbox"/>	5. Name: _____	Age: _____	Relationship: _____	_____
	Address: _____		Phone: _____	_____
<input type="checkbox"/>	6. Name: _____	Age: _____	Relationship: _____	_____
	Address: _____		Phone: _____	_____
<input type="checkbox"/>	7. Name: _____	Age: _____	Relationship: _____	_____
	Address: _____		Phone: _____	_____

OFFICE USE ONLY

Cards purchased previously can be used again. If new cards are needed, please place a checkmark in the box next to their name. There is a \$5.00 fee to replace lost or stolen cards. Please submit payment for replacement cards along with Pool Pass payment.

I have received and read the Members and Guests & Pool Passes Swimming Pool Policies and agree to abide by them. I understand that failure to do so could result in loss of privileges and/or the ability to purchase passes in the future. I also understand that a Pool Pass does not constitute a VHPOA membership and does not allow the cardholder to bring guests.\*

Property Owner Signature _____	Date _____	Cardholder 1 Signature _____	Date _____
Cardholder 2 Signature _____	Date _____	Cardholder 3 Signature _____	Date _____
Cardholder 4 Signature _____	Date _____	Cardholder 5 Signature _____	Date _____
Cardholder 6 Signature _____	Date _____	Cardholder 7 Signature _____	Date _____

\*Cardholders under the age of 18 do not need to sign. However, they are expected to abide by the policies and will be held to the same standards.

<b>OFFICE USE ONLY</b>	Application Received: _____	Amount Received: _____	Check/Cash: _____	Initials: _____
QB Updated: _____	Member Track Updated: _____	Cards Printed: _____	Cards Re-Activated: _____	Status of Card(s): Mailed / Pick-Up Date: _____ Initials: _____