## **Parkland Pool**

www.ParklandPool.com

## 2024 One Summer Trial Membership

Applicant Name:			
Home Phone:	Emergency Phone:		
Street:	City:		Zip:
E-mail address:			
Type of Membership:			
o <u>Single</u>	<u>\$395.00</u>		
o <b>Limited</b> (Two people who live in the same h		00.00 whom shall be	an adult, + infants/children younger than 5
Name of second person:	DOB:		
o <u>Family</u> (Three or more people including at More than two adults age 26 o	least one adult, all of who		
Name Re	elationship to member	DOB	
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		_	
		_	

Note: This is a special one-time summer membership which will entitle the applicant unlimited access to the pool and grounds during those posted hours when the pool is open to members. If the applicant would like to become a full member, all associated capital dues and bond payments will be required.

Please make checks payable to: Parkland Pool c/o. 1701 Ladd St., Wheaton, MD 20902 Or pay via credit card online at www.parklandpool.org