

# JONESTOWN

## Swim and Tennis Club

### 2019 Membership Application

Please mail your completed application to Jonestown Pool, PO Box 25493, Winston-Salem, NC 27114-5493. Your application and payment must be post marked by 12/31/2018 to receive early bird rates.

**Name**

(Last)

(First)

**Address**

(Street)

(City)

(State)

(Zip)

**Phone Number(s)**

**Place of Employment**

Primary Adult Member

Work Phone

Secondary Adult Member

Work Phone

Please share email addresses to state updated on happenings at the pool.

**Email 1**

**Email 2**

Please list any allergies or major medical conditions.

Member Name	Allergies	Major Medical Conditions

Please list the names and ages of any children (age 18 or under before May 31, 2019)

Name	Age

Please share the names of two emergency contacts.

Name	Phone Number

Are you and your family members covered under hospitalization insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

If necessary, may the staff of Jonestown Pool take or send you or your child to a hospital for emergency medical treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Initial here \_\_\_\_\_ to indicate you have read, understand, and will abide by the Jonestown Pool rules (required).

\_\_\_\_\_  
Signature of adult financially responsible for membership dues

\_\_\_\_\_  
Date

How did you hear about our pool? Please check all that apply.

- Returning member
- Member referral – please provide member’s name \_\_\_\_\_
- Google search
- Facebook
- Flyer, Door Hanger, Yard Sign, etc.
- Drove by pool

**Please mail your completed application and payment to us at the address below:**

**Jonestown Pool  
P.O. BOX 25493  
Winston-Salem, NC 27114-5493**

**Thank you for joining Jonestown Pool. See you soon!**