## Cambridge Stevens Pointe Pool 2023 Membership Form

Please print and use blue or black ink

Name of Applicant _			
Name of Spouse/Partr	ner (if applicable)		
Address			
Email*		Phone	
Other household mem	nbers** and ages (mu	st reside at same addre	ss):
name	age	name	age
name	age	name	age
name	age	name	age
dues activates that r	nembership for that p to all of CSP rules and	ctors. If approved, paymontonic paymontoni	ol's operation.  understand that failure
X			
mailbox at 463 Cambr *Email is our primary way of com	idge Way.  municating with members.  pecial circumstances. Please co	ole to CSP Pool for \$37	5 and place in the pool ve a question about who may
Below this line is for Board use only			Four signatures indicate approval
X Board member signature	Board member sign	nature App	Approved Membership Doroved Non- Assoc Membership D
X Board member signature	Board member sign	nature	Date
X Board member signature	Notes:		