Community Pool					
2024 Membership Application Form				Date	
Name:			Jule	. -	
Address:					
Phone:		·			
	Type of Pass: Resident or N	on-Residen	t		
	Family Adult Child	Senior			
Pass# Membo	er Name	Age	SwimTeam Y or N	Other	

otal Membership F	ee		\$		
		Cash or	Check #		
gnature		· 	Date		

Village of Millstadt

Improper use of pass(es) may result in termination of your membership.