

ENCORE POOL MEMBERSHIP FORM

Homeowner Information: Please Print Clearly

NAME:	MEMBER LOGIN:
ADDRESS:	TYPE: CIRCLE ONE HOMEOWNER/RENTAL
CITY:	RENTERS PERMISSION: YES / NO IF YES, SEPARTE FORM TO BE COMPLETED
HOME PHONE:	ALTERNATE PHONE:
EMAIL:	ALTERNATE EMAIL:

Household Members Only

First	Last Name	Minor under 18 (yes or no)	Date of Birth MO/DAY/YEAR
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please complete this form and either email membership@wghoaencorepool.com
 or mail it back to:
 WGHOA Encore Pool
 PO Box 18216
 San Jose, CA 95158