



Fairmont Pool Membership Application

Please Print Clearly

Date: _____

Primary Account Member Information

Name: First: _____ Last: _____

Address: _____ Phone Number (____) _____

City: _____ State: _____ ZIP: _____

DOB: _____ Gender: _____

Email Address: _____

Additional Member Names

	First Name	Last Name	DOB	Gender
1				
2				
3				
4				
5				

Pool Membership Types

	Annual		6-Month		3-Month	
Single	\$500		\$275		\$150	
Senior	\$450		\$250		\$135	
Senior & Spouse	\$700		\$390		\$225	
Spouse & Spouse	\$750		\$420		\$250	
Family (Up to 4 Members)	\$1150		\$775		\$450	
Additional Family Member	\$95		\$70		\$40	

**Additional Family member is only for the family of 4 Membership.
Total additional family members allowed to memberships is 2**

Rules, Regulations and Conditions of Pool Membership

1. A completed application along with all fees must be paid in full at time of application.
2. The outside pools may be closed during the season from time to time depending on weather conditions.
3. **Membership Cards must be presented to staff each time Member checks in to the pools.**
4. **Memberships are non-transferable, non-refundable.**
5. All food and beverages must be purchased from Fairmont. Outside food and beverages are prohibited from entering the pool area. Per State/County Health regulations.
6. ID's are required to purchase alcohol beverages.
7. No Cans or Glass products are allowed inside the pool areas.
8. No Coolers are allowed.
9. No smoking inside the pool area.
10. Fairmont is not responsible for lost or stolen items.
11. All bags are subject to a security check.
12. NO LIFEGUARDS ON DUTY

I understand that my application for membership is not valid until it has been approved by an authorized manager. I agree to pay the amount shown on the previous page and have read the Rules, Regulations and Conditions of the Pool Membership. I agree to abide by all Rules, Regulations and Conditions of the Pool Membership. I understand that violations of Pool Membership Rules, Regulations and Conditions may result in a forfeit of my Pool Membership.

Applicant Signature

Date

FOR OFFICE USE ONLY

Date Issued: _____

Member ID: _____, _____, _____, _____, _____, _____

Completed By: _____ Date Completed: _____

Mailed: _____ Picked Up: _____ Membership Box: _____