

Whitehall Pool and Tennis Club Membership Form

Please mail the completed form to:

WPTC
PO Box 521
Bowie, MD 20718

Name: _____ Pool Season: 20 _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ Home Number: _____

Email Address: _____

Emergency Contact: _____
(Name and phone number)

List members of your family who permanently reside in the address listed above. Please include last names if they are different than the member's last name listed above. Please know that address verification may be required for anyone listed over 18 years of age.

| Name | Relationship to Owner | Date of Birth |
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In completing this form, I(we), as owner(s) of the membership, am(are) aware that it is my responsibility to be aware of the by-laws, rules, and policies of the Club. It is also my(our) responsibility to make sure the members listed on my membership and our guests are aware of the rules and policies of the Club.

(Signature(s) of Owner(s) of Membership)