



Oak Springs Pool: 2019 Membership Application

LAST NAME: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Emergency info: Doctor: _____ Dentist: _____

Red Cross/Other Certification: FirstAid () CPR () WSI () SrLifeSav ()

First Name	Age (Children only)	Email addresses (2allowed per family)

Use the convenience of a payment link through our website www.oakspringspool.com. or send your completed application and check payable to: Oak Springs Pool c/o P. O. Box 273,Orinda, Ca. 94563.

All Dues must be received by May 21, 2019

Family (3+ persons living in the same household).....	\$ 895.00
Couple (2 persons living in the same household).....	\$ 685.00
Single membership.....	\$ 525.00

Open Memorial Day Weekend: **Hours 11am-8pm**. Open weekends from Labor Day weekend through early October. Swim lessons will be made available on-site.

The pool requires **key entry** and there is **NO lifeguard** on duty. **Children under the age of 14 must be accompanied by a parent or legal guardian.**

The undersigned is applying for pool membership in the Oak Springs Home Association and agrees to abide by the rules governing the use of the Oak Springs Pool and adjacent facilities.

_____ Date _____

_____ Date _____