

BROADLANDS

Association, Inc.

OWNER - 2019 POOL MEMBERSHIP APPLICATION

This application form must be signed by the **OWNER** who is being granted a pool membership. This application should be used for all members of the household. A household consists of all persons living in a dwelling, including college students, other non-resident children spending the swim season in Broadlands and live-in care providers. In order to obtain membership passes, please complete this form and: Email to info@broadlandshoa.com or Fax to 703-729-9733 or Mail/Drop to: Broadlands Association, Inc. 21907 Claiborne Parkway, Broadlands, VA 20148 and stop by the HOA office to get pictures taken and passes printed.

OWNER CONTACT INFORMATION

Broadlands Address:

Primary Owner Name:

Email:

Phone Numbers:

(Cell/Home)

Emergency Contact Number(s):

(Cell/Home)

RESIDENT MEMBERS OF HOUSEHOLD (use back if necessary)

Please LEGIBLY PRINT the names of ALL members who will receive a pass and the date of birth of all children between the ages 5- 17 (as of June 1). Children under 5 do not require passes and do not need to be listed. **Prior to having the photo taken, all adults 18 and older must show a photo ID with proof of Broadlands Association residency. Passes will not be issued if acceptable proof of identity and address are not available. Passes should be kept for future seasons. Reprints are \$5 each for lost passes.**

RESIDENT MEMBER NAME (S)	RELATIONSHIP TO PRIMARY OWNER	D.O.B IF UNDER 18	Office Use:	
			ADDED	PICS
	PRIMARY OWNER			

OWNER'S ACKNOWLEDGEMENTS

In consideration of the provided swimming pool facility privileges, the undersigned expressly agrees to assume the risk of any accident or personal injury which he/she or any member of his/her family or any guest of the undersigned may sustain while using the said facilities and agrees that the Broadlands Association, Inc. and/or Management Agent will in no way be liable for any such injury unless due to gross negligence on the part of the Association and/or Agent.

Owner's Signature: _____

Date: _____

Office Use Only:

Date Received: ____ / ____ / ____

Guest Passes Added

Notes: