

BROADLANDS

Association, Inc.

OUTSIDE - 2019 POOL MEMBERSHIP APPLICATION

This application should be used for all individuals NOT living within the Broadlands Association and who are requesting a pool membership. Outside Membership fee purchased for up to 5 family members: Prior to May 1 - \$450, Beginning May 1 - \$500, Beginning August 1 - \$250. Additional family members aged 5 and older may be added at a cost of \$125 each for the season. Payments can be made online at broadlandshoa.org/outside-pool-membership. In order to obtain a membership, this form must be completed and either emailed to info@broadlandshoa.com, faxed to 703-729-9733, or mailed/dropped off to Broadlands Association, Inc. 21907 Claiborne Parkway, Broadlands, VA 20148. New members must come in for pictures. **Please keep pool passes at the end of each season; they will be electronically reactivated upon renewal of a new Outside Membership each season.** Reprints for lost passes are \$5.00 each.

OUTSIDE MEMBER CONTACT INFORMATION

Address:

Outside Member Name:

Check if New Member

Email:

Phone Numbers:

(Cell/Home)

Emergency Contact Number(s):

(Cell/Home)

OUTSIDE MEMBERS OF HOUSEHOLD (use back if necessary)

Please LEGIBLY PRINT the names of ALL household 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.

OUTSIDE MEMBER NAME (S)	D.O.B IF UNDER 18	Office Use:	
		ADDED	PICS

PLEASE ENTER # OF GUEST PASSES: _____ (\$40 each and includes 10-visits. Expires at the end of the 2019 pool season)

OUTSIDE MEMBER'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. **The undersigned also acknowledges that this Membership is limited to the Community Pool, located at 43008 Waxpool Road, and the Southern Walk Pool, located at 43081 Village Drive and is only valid for the 2019 pool season. Memberships are not refundable or transferable.**

OUTSIDE MEMBER SIGNATURE: _____ DATE: _____

Office Use Only:

Payment Date: ____ / ____ / ____

Guest Passes Added (if applicable)

Payment: check / credit / cash Check or CC Trans #: _____ \$ _____ + \$40 X _____ = \$ _____ Total Paid

Notes: