



Piscine Communautaire BEACONSFIELD HEIGHTS Community Swimming Pool Association

3551 St. Charles, Suite 434, Kirkland, QC H9H 3C4

www.heightspool.ca

2007

MEMBERSHIP APPLICATION

☐ New member ☐ Returning member

FAMILY NAME :

FIRST NAMES:

Parents/adult(e)s

Photo

Children

Date of birth

Photo

Mother(Adult 1)

☐

☐☐☐☐☐

Father(Adult 2)

☐

yyyy/mm/dd

Language(s) spoken at home

☐ Français

☐ English

☐ _____ autre/other

ADDRESS:

PHONE NUMBER

E-MAIL

PAYMENT INCLUDED \$ _____

(see "Membership Fees and Info 2007" for amount)

☐ cheque

☐ cash

Write cheque payable to: "BHCSPA"

I would like to have a receipt for tax purposes (will be mailed out in February, 2008) Yes ☐ No ☐

- We understand that our child(ren) may be sent home without notice because of bad behaviour, or if the pool is closed due to inclement weather.
- We understand that our membership will be verified at each visit.

SIGNATURE: _____ **DATE:** _____