



# Strasburg Swimming & Recreation Association

## Membership Application

Year: \_\_\_\_\_

- |   |                 |                                    |                           |
|---|-----------------|------------------------------------|---------------------------|
| _____ Individual Membership (up to age 59): | <b>\$195.00</b> | _____ 2-person Family Membership:  | <b>\$250.00</b>           |
| _____ 3-person Family Membership:           | <b>\$300.00</b> | _____ 4-person Family Membership:  | <b>\$330.00</b>           |
| _____ 5 or more person Family Membership:   | <b>\$355.00</b> | _____ Individual Senior (age 60+): | <b>\$100.00</b>           |
| _____ Senior Couple (both age 60+):         | <b>\$200.00</b> | _____ Add a Nanny option:          | <b>\$50.00 additional</b> |

**Children under 10 MUST be accompanied by an Adult Member at the pool**  
(Please Print Clearly)

Member Name: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_

Email Address \_\_\_\_\_ (to be used for Pool Communications only)

Names of dependent children in residence with you under age 21 (Please use the back if additional space is required)

1. \_\_\_\_\_ date of birth: \_\_\_\_\_ allergies: \_\_\_\_\_
2. \_\_\_\_\_ date of birth: \_\_\_\_\_ allergies: \_\_\_\_\_
3. \_\_\_\_\_ date of birth: \_\_\_\_\_ allergies: \_\_\_\_\_
4. \_\_\_\_\_ date of birth: \_\_\_\_\_ allergies: \_\_\_\_\_

The acceptance or rejection of this application is the sole prerogative of the **Strasburg Swimming and Recreation Association**. I understand that failure to provide accurate information as requested above or failure to observe association rules is cause for rejection of membership and or dismissal from the property. Further, any rude or obnoxious behavior is cause for dismissal from the property. Strasburg Swimming and Recreation Association as a private entity reserves the right to refuse admission to anyone who does not abide by the rules or acts inappropriate at any time and no refund will be given.

I/We agree that **Strasburg Swimming and Recreation Association** is a recreational facility where physical harm can occur. I/We agree to hold harmless the **Strasburg Swimming and Recreation Association** in cases of personal injury.

Signature of Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

If you are interested in becoming a Board Member ( Yes or No ) – Circle one please  
If you are interested to volunteer or chair a committee to help the pool: ( Yes or No ) – Circle one please

*Please return this application along with a check or money order payable to the:*

**Strasburg Swimming and Recreation Association**

P.O. Box 59, Strasburg, PA 17579

(Do Not Write below this line, SSRA employee or board member will complete when received)

Date Received: \_\_\_\_\_ (Circle one) POOL MAIL BOX

Amount Paid: \$ \_\_\_\_\_ Initials: \_\_\_\_\_ (Circle one and add #) CASH Check # \_\_\_\_\_