## Indian Pond Pool Club / Membership Application May 25, 2025– September 2, 2025

□ Individual	\$1000.00 (1 person only)	□ Family of 2 \$1200.00					
□ Family of 3	\$1400.00	☐ Family of 4 \$1600.00					
□ \$100.00 per additional child (must be in the same family)							
□ Nanny \$100.00							
☐ Senior \$250.00 (62+) (No kids on Membership)							
No charge for children under 2- proof of birth date is mandatory.							
□ I am a retur	ning member	□ I am a new member					

## **MULTI FAMILY MEMBERSHIP IS PROHIBITED!**

## NOTE: ALL MEMBERSHIPS MUST BE PAID IN FULL UPON RECEIPT OF APPLICATION

(This is a requirement of Indian Pond Country Club's financial institution)

Name, Last	First	Date of Birth		
Spouse Last	First	Date of Birth		
Address	City	State	Zip	
Phone (home)		E-Mail address:		
Phone (cell)	Phone (office)			
<b>Unmarried Children Under 18</b>				
Name:		Date of Birth:		
Name:		Date of Birth:		
Name:		Date of Birth:		
Name:		Date of Birth:		
(if applicable) \$100.00 additional Nanny:		Date of Birth:		
Medical Information Physician's Name & phone # is re	equired for (	each member:		
Member				
Spouse				
Child (1)		Child (3)		
Child (2)		Child (4)		

Application Authorization		
I, the undersigned hereby make application for me that this application is subject to approval of the over	•	ub and understand
My seasonal dues of \$ is due at the	time I submit my application to the Po	ool Club.
Upon acceptance, I agree to abide by the I	By-Laws and Rules of Conduct of	of the Indian
Pond Pool Club. Application is not valid	unless signature is complete.	
Outside food & drinks	and or coolers are prohibite	ed!
Swim Diapers must be worn i	by all children who are not toile	t trained.
****IF POOL POLICES ARE NOT OBS		
<u>WITHOUT REIMB</u>	URSEMENT OF DUES***	
MC / Visa / Discover /Amer Express ** A Conver	nience fee will be charged from the s	ervice provider**
□ Credit Card #	_ Cash	□ Check
Exp. Date		
Signature of Applicant		Date
Signature of Spouse		Date
Please forward this application along with the sease ***PLEASE NOTE ONCE PAYM	conal dues to the following:  MENT IS RECEIVED IT IS NON RIght to make changes to fees and policies	EFUNDABLE***
60 Cor	ond Country Club untry Club Way	
Attn: Pat F	ton, MA 02364 Fleming Accounting 85-9117 ext 108	
For Office Use Only		
Application Received and was acco	ompanied with payment in the amou	ant of \$
Type of Membership Applied For	Check#	
Member # Date Effective: _		