

Park Pond Club – 2025 Swim Season

MEMBERSHIP FORM

Please fill out the form completely

New Members:

Referred by:

Your Name:

Returning Member Renewal:

(due on or before 5/15/2025)

Your Name:

Names of Household Members:

Local street address:

Mailing Address (if different):

_____ Date:

Telephone #:

Your E-mail Address:

Alternate Phone #:

Make, Model, License Plate number of vehicle(s) **MUST BE SUBMITTED** in order to receive Park Pond Club Parking Passes

Choose the membership level that applies to you:

Family: \$185.00 _____ Single: \$175.00 _____

Voluntary donation to the Repair/Replacement Fund: (Suggested Amount \$25.00) \$ _____

Members sign below:

Please have all family members sign below to confirm that all have read the Park Pond Club Rules (available on our website). **By signing you agree to abide by these rules.** Failure to abide by the Park Pond Club rules can subject your membership to revocation without refund.

Check here if you prefer snail mail:

Please mail this form with your check. Thank you!

PARK POND CLUB, INC. P.O. BOX 101, WINCHESTER CENTER, CT 06094 www.parkpondclub.com