

# Silver Lake Pool Membership Application



The Mayor & Council of Middletown  
19 West Green Street  
Middletown, DE 19709  
(302) 378-2711

## Required Information *(Primary Member)* :

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First Must be 18 years old*

Home Address: \_\_\_\_\_  
*Street Address*

Development: \_\_\_\_\_  
*City State Zip*

Home Phone: ( ) - Cell Phone: ( ) -

Email Address: \_\_\_\_\_ Sex (circle one): MALE or FEMALE

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Daytime Phone: \_\_\_\_\_ Emergency Evening Phone: \_\_\_\_\_

## Membership Type:

- \* Only "Full" Members have the ability to bring Non-Member guests into the facility.
- \*\* Each "Full" Membership is limited to ten (10) guest visits per season.
- \*\*\* Non-Residents reside outside of the incorporated limits of the Town of Middletown.

<i>Check Appropriate Line</i>	<i>Membership Fee</i>
_____ Resident Full Individual Membership <i>(Must be at least 18 years old)</i> :	\$150
_____ Non-Resident Full Individual Membership*** <i>(Must be at least 18 years old)</i> :	\$235
_____ Resident Basic Individual Membership <i>(Must be at least 18 years old)</i> :	\$100 <i>(\$3/visit)</i>
_____ Non-Resident Basic Individual Membership*** <i>(Must be at least 18 years old)</i> :	\$175 <i>(\$3/visit)</i>
_____ Resident Full Family Membership:	\$250
_____ Non-Resident Full Family Membership***:	\$400

<i>Enter # of Additional Members</i>	<i>Membership Fee</i>
_____ Additional Family Member <i>(if "Full Family Membership" exceeds five (5) members)</i> :	\$75 each

Total Amount Due: \_\_\_\_\_

\*\*\*Additional Information Required on back\*\*\*

**Additional Members (must reside at address of primary member) :**

Member #2: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Date of Birth*

Relationship: \_\_\_\_\_ Sex (circle one): MALE or FEMALE

Member #3: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Date of Birth*

Relationship: \_\_\_\_\_ Sex (circle one): MALE or FEMALE

Member #4: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Date of Birth*

Relationship: \_\_\_\_\_ Sex (circle one): MALE or FEMALE

Member #5: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Date of Birth*

Relationship: \_\_\_\_\_ Sex (circle one): MALE or FEMALE

**Additional Members subject to "Additional Family Member" fee (must reside at address of primary member) :**

Member #6: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Date of Birth*

Relationship: \_\_\_\_\_ Sex (circle one): MALE or FEMALE

Member #7: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Date of Birth*

Relationship: \_\_\_\_\_ Sex (circle one): MALE or FEMALE

Member #8: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Date of Birth*

Relationship: \_\_\_\_\_ Sex (circle one): MALE or FEMALE

Primary Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>**** INTERNAL USE ONLY****</b>	
Amount Due: _____	# of Cards Issued: _____
Amount Paid: _____	Issue Date: _____
Date Paid: _____	
Payment Method: _____ Cash	_____ Debit Card
_____ Check	Check # _____
Notes: _____	
_____	