

JONESTOWN

Swim and Tennis Club

2024 Membership Application

Please mail your completed application to Jonestown Pool, PO Box 25493, Winston-Salem, NC 27114-5493.
Your application and payment must be post marked by 12/31/2023 to receive early bird rate.

Name _____
(Last) (First)

Address _____
(Street)

(City) (State) (Zip)

Phone Number(s) _____

Place of Employment

Primary Adult Member Work Phone

Secondary Adult Member Work Phone

Please share email addresses to state updated on happenings at the pool.

Email 1
Email 2

Please list any allergies or major medical conditions.

Member Name	Allergies	Major Medical Conditions

Please list the names and ages of any children (age 18 or under before May 31, 2024)

Name	Age

Please share the names of two emergency contacts.

Name	Phone Number

Are you and your family members covered under hospitalization insurance? Yes _____ No _____

Insurance Company Name _____

If necessary, may the staff of Jonestown Pool take or send you or your child to a hospital for emergency medical treatment? Yes _____ No _____

Hospital Preference _____

Initial here _____ to indicate you have read, understand, and will abide by the Jonestown Pool rules (required).

Signature of adult financially responsible for membership dues

Date

How did you hear about our pool? Please check all that apply.

- _____ Returning member
- _____ Member referral – please provide member’s name _____
- _____ Google search
- _____ Facebook
- _____ Flyer, Door Hanger, Yard Sign, etc.
- _____ Drove by pool

Please mail your completed application and payment to us at the address below:

**Jonestown Pool
P.O. BOX 25493
Winston-Salem, NC 27114-5493**

Thank you for joining Jonestown Pool. See you soon!