Aquia Harbour
Stafford, VA

POOL MEMBERSHIP APPLICATION FORM

Type of Membership

☐ **Family Membership** ☐ **Single Membership** ☐ **Associate (Swim Team)** ☐ **Non-Resident**

Applicant Information

Lot #: _____ **Address:** _____

Applicant Name(s): _____

Email Address(es): _____

Phone Number(s): _____

How would you like your pass(es) issued? ☐ **Via Email** ☐ **Hard Copy** (Must be picked up at Business Office)

Registered Household Members

Please list names of registered household members (not including applicants) and their ages:

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Risk & Agreement

Risk: All persons using the AHPOA pool and related facilities do so at their own risk. The Aquia Harbour POA assumes NO responsibility for any accident or injury in connection with such use or for any loss and/or damage to personal property.

Agreement: Anyone using the pool agrees to abide by the rules and regulations set forth. All residents are responsible for the actions of their minor children and their guests. Unauthorized use of the pool after hours will be treated as trespassing and violators will be prosecuted.

I/we have read and hereby agree that I/we have received and read the Pool Rules and hereby agree to comply with the rules established by the Association while using the facilities owned and operated by the Association:

_____ _____

Applicant Signature **Date** **Applicant Signature** **Date**

- OFFICE USE -

☐ Data Entered/Initials: _____ ☐ Active AHPOA Member OR ☐ Inactive AHPOA Member/Non-Resident

Credit Card: _____ Check #: _____ Cash: _____ Amount: _____

☐ Passes Issued Online ☐ Passes Issued in Person