

Tilden Woods Recreation Association, Inc.

P.O. Box 2563, Rockville, MD 20847-2563 (301) 230-2999

Website : www.tildenwoodspool.org

Email : info@tildenwoodspool.org

APPLICATION

FULL NAME: _____

Spouse _____

ADDRESS: _____

TELEPHONE: Home _____

Office _____ Spouse _____

Cell Number(s) _____

E-MAIL ADDRESS:* _____

OCCUPATION: _____

Spouse _____

CHILDREN:	<u>Name</u>	<u>Date of Birth</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Other members of household: _____

(Please state name and relationship.)

Please note – All children 12 years old or under MUST take a swimming test to swim in deep water. If it is your desire to have children 8 –12 come to the pool alone they must pass a swimming test AND have written permission on file at the desk.

Please enclose your check and return to:

Tim Kinsella
Membership, TWRA
P.O. Box 2563
Rockville, MD 20847-2563
(301) 255-2500

* TWRA is working to send future information about the pool, its activities, summer schedule and invoices through email.

For office use only:

:
Member Type _____, Bond Pd. In Full _____, BIA on file _____, 1st pymt _____, 2nd pymt _____, 3rd pymt _____

Bond # _____, bylaws sent _____; excel _____, qb _____, file _____.