

MCNAIR FARMS COMMUNITY ASSOCIATION, INC.
2018 MEMBER FACILITY PASS APPLICATION

RESIDENT INFORMATION

Resident's Name(s) _____ Date _____

Home Address _____

Home Phone # _____ Work Phone # _____

Email Address _____

Homeowner's Name (if different) _____

Emergency Contact Name/Phone Number _____

NAME OF MEMBERS:

NAME	**BIRTH DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Children under 12 years old will not be issued a pass and must be accompanied by an adult bearing a valid pass.

** Indicate "A" if 18 or older

*Please sign in the space provided below. Your signature acknowledges that all information contained herein is accurate and that all members listed above reside with you in McNair Farms Community. Your signature also constitutes your acknowledgment that you have read and agree to the McNair Farms Pool Facility Rules and Regulations. **To replace a lost pool pass is \$25***

Signature Date

Signature Date

<u>TO BE COMPLETED BY MANAGEMENT</u>	
Owner/ Resident current in Assessments?	Y N
Approved by: _____	Date: _____