

**PROSPECTIVE Members: THIS FORM MUST BE COMPLETED AND SUBMITTED FOR REVIEW**

Please submit this form for review by bringing it with you to Tilton Village Recreation Corporation (TVRC), located on Harvey Avenue and Fabian Avenue in Northfield. Please call 609-641-2051 or email us through [www.TiltonPool.com](http://www.TiltonPool.com) to set up an appointment with a board member for review of your application.

**MEMBERSHIP APPLICATION & INFORMATION**

**2019**

The undersigned hereby submits application for family or single membership in the Tilton Village Recreation Corp., and agrees that **upon acceptance** he/she will abide by all rules and regulations of this Corporation.

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ OCCUPATION/WORK # \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

What talents do you possess that you could contribute to the pool, for example; carpenter, electrician, plumber, etc.

I would like to volunteer: Yes **\*\*\*\* VOLUNTEER WORK CREWS (WILL BE CALLED PRIOR TO DATES)**  
No

Name/Phone Contact in case of emergency: \_\_\_\_\_

**List any medical disabilities that might affect the safety of family members, eg. Heart condition, seizures, physical disability, etc.**

**THE FOLLOWING ARE THE OTHER MEMBERS OF MY HOUSEHOLD**

NAME	AGE	RELATIONSHIP	MEDICAL CONCERN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**YOUR SIGNATURE HERE INDICATES THAT YOU HAVE READ, UNDERSTOOD AND WILL CONVEY THE POOL RULES TO OTHER FAMILY MEMBERS, AND GUESTS THAT YOU MAY BRING.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE