

Landisville Pool 2013 Caregiver Membership

Membership Info you are CAREGIVER for:

Last Name: _____ First Name: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Email: _____

CAREGIVER Info:

Last Name: _____ First Name: _____
Birth Date: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ Email: _____

Emergency Contact Information (for CAREGIVER):

Name: _____ Phone #: _____

Medical Information (for CAREGIVER):

Physician: _____ Phone #: _____
Dentist: _____ Phone #: _____
Hospital Preference: _____

Dues Information:

Dues Amt.: \$75.00 Type: Caregiver
Please remit: \$75.00