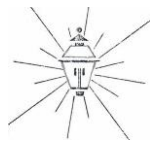


2020 MCA Pool Access Form



Lot Number _____

Resident Family – List all family members (*including yourself*) that permanently reside in your household. Pool access is limited to the owner, spouse, children, grandparents or grandchildren that permanently live in your home. Refer to Extended Family portion for any other relative.

Photos are **required** for each pool user age 4 years and above. Children's photos should be updated **every year**. All photographs must be individual, "head shots," similar to a passport photo with names and lot number (*or address*) written on the back.

Anyone listed over 18 will be required to show proof of residence.

Anyone listed who does not have the last name of the Owner/Tenant must show identification in the form of a driver's license, student ID, voter registration card, check with current address or report card from a local school.

Full Name	Birth date if under 18 (mm/dd/yy)	Age	Adults				Relationship to Owner/Tenant
			18-30	31-45	46-65	Over 65	

Emergency Contact Name: _____ Telephone #: _____

Extended Family - Extended family members are adult children, in-laws, parents, grandparents, and grandchildren who do not live in your home. The cost is **\$75.00 per person** (*age 4 and above*). Please list extended family members to whom you wish to extend pool privileges. Photos are required. Payment must be included with this form.

Anyone other than the Extended Family Members as described above, please contact Michelle Gimbert, 888-622-4630 (Ext 103)

Full Name	Birth date if under 18 (mm/dd/yy)	Adults				Relationship to Owner/Tenant
		18-30	31-45	46-65	Over 65	

Emergency Contact Name: _____ Telephone #: _____

Certification of Membership

I certify that the information provided on this form is correct to the best of my knowledge and belief. I understand that falsifying information concerning residency or extended family status for the purpose of using Montpelier Community Association facilities will result in suspension of those privileges. If submitting an Extended Family membership, I assume full responsibility for the person or persons named above.

Member Signature	Date
Printed Name or Title (if Corporation)	Home Telephone #
Address	Mobile Telephone #

Assessment payments must be current to gain access to the pool.

Submit photos and payment for Extended Family memberships and Guest Passes to: MCA, P.O. Box 2503, Laurel, MD 20709.