

**BARRANCA MESA POOL ASSOCIATION
2024 PATRON INFORMATION**

Membership Number: _____

Member or Renter Name: _____

Home Address: _____

Primary Email: _____

Primary Phone: _____ **Secondary Phone:** _____

Emergency Contact (Name, Phone Number, Relationship):

Names and ages of all family members living at home:

I attest that all persons listed above are members of my household, residing at the address above.

Member or Renter Signature: _____

List regular caregiver(s) who will visit the pool while caring for your children:
