



Pool Membership Census Form

Springhurst Address _____

Homeowner #1

_____	_____	_____	_____	_____
Last Name	First Name	MI	Phone	DOB

Homeowner #2

_____	_____	_____	_____	_____
Last Name	First Name	MI	Phone	DOB

Email Address _____

Other Family Members and Dependent Children **Living at this Address** (Please print legibly)

_____	_____	_____	_____	_____
Last Name	First Name	M/F	Relationship to Owner	DOB
_____	_____	_____	_____	_____
Last Name	First Name	M/F	Relationship to Owner	DOB
_____	_____	_____	_____	_____
Last Name	First Name	M/F	Relationship to Owner	DOB
_____	_____	_____	_____	_____
Last Name	First Name	M/F	Relationship to Owner	DOB
_____	_____	_____	_____	_____
Last Name	First Name	M/F	Relationship to Owner	DOB

Emergency Contact _____
Print Name Telephone Number

Resident Signature _____

**By submitting this form and paying the membership fee,
homeowner agrees to abide by all pool rules and regulations.**

SPRINGHURST COMMUNITY ASSOCIATION

4200 Springhurst Boulevard

Louisville, KY 40241

Call: (502) 425-4672 with questions