

**MCNAIR FARMS COMMUNITY ASSOCIATION, INC.  
2011 OUTSIDE MEMBER FACILITY PASS APPLICATION**

**OUTSIDE MEMBER INFORMATION**

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name/Phone Number \_\_\_\_\_

**NAME OF MEMBERS:**

NAME	**BIRTH DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Children under 12 years old will not be issued a pass and must be accompanied by an adult bearing a valid pass.

\*\* Indicate "A" if 18 or older

*Please sign in the space provided below. Your signature acknowledges that all information contained herein is accurate and that all members listed above reside within your household. Your signature also constitutes your acknowledgment that you have read and agree to the McNair Farms Pool Facility Rules and Regulations.*

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

<b><u>TO BE COMPLETED BY MANAGEMENT</u></b>		
Payment of \$400 Received?	Y	N
Approved by: _____	Date _____	