

Please neatly print your name and address.



Willow Oaks Recreation Association – A Covenant Community • www.willowoaks.org • www.facebook.com/friendsofwillowoaks

## 2025 Non-Resident Membership Registration

Non-Residential Pool Memberships allow access to our Willow Oaks Pool facility. It includes two pools, a main pool with lap lanes and diving board, and the toddler pool is where our youngest members can play. Members can also enjoy social time on the large deck space around the pool, as well as in the barbecue area.

Name(s			
	.ddress		
Phone _	E-mail		
Your He	ome Registered Neighborhood		
Please p	provide your email address to receive news and events!		
	Early Bird extends through May 15th (5/15)	<b>Early Bird</b>	Regular Rate
	Family / Grandparent Membership * (Up to 6 Family Members that live within the same household) \$10 Credit Card Fee If Applicable	\$340.00	\$390.00
	\$45 For Each Additional Family Member (Please add \$45 for each Family Member and write total here.)	\$	\$
	Single Adult (Over21) / Senior Couple Membership (Over 70) \$10 Credit Card Fee If Applicable	\$270.00	\$320.00
	Donations for Beautification, Pool, or Events Amount	\$	\$
	Credit Card Fee (Please include additional \$10.00)	\$	\$
	itional notes on pool membership on backside of page. back page for additional information on Grandparent Plan.  Total	\$	\$
-	NOTE: We now allow for Payment Ontions!		

Payment Options: Credit card, check or cash still available as well!

Convenience fees will be applied to transactions.



Member names will be listed on a database at the pool. Proof of ID may be requested before entry.

For the Payment Option please register to be a member on our Online Portal.

From there you can select go to the Membership selection page and select the link at the top to pay in 3 payments instead of all at once. Payments will start in March and end just before the pool opens. Any payments not completed by opening day, will have their current contributions refunded and plan cancelled. The member will then need to purchase a full membership.

For more assistance you can contact our membership coordinator at membership.willow.oaks.org@gmail.com

See More at:

### www.Willowoaks.org

- Checks Payable to "WORA" or Credit Card With applicable Charges
- To pay with your credit card, please fill out the form on page 2.
- There is a \$35.00 fee for all returned checks. Partial payments not accepted.

Name	Age	Additional Family Members Additional family members, who reside in the home,	
Name	Age		
Name	Age	_ Name	Age
Name	Age	_ Name	Age
Name	Age	_ Name	Age
Name	Age	Name	Age
database at the pool. Proof of ID may be reported ay for member guests.  GRANDPARENT PLAN DETAILS: This the summer or who live in the area, but do	s plan is de	esigned for grandparents who have grain Willow Oaks. It includes up to two	andchildren visiting for
<del>-</del>		=	lren on the swim team.
grandchildren under the age of 20. The Gra The Willow Oaks Swim Team (WOST) req pool.  I, the undersigned, agree to abide by and corules and regulations of the WORA pool.	uires that pomply with	parent(s) or legal guardian(s) of swim the Willow Oaks by-laws, neighborh	dren on the swim team. team members join the ood covenants and all
The Willow Oaks Swim Team (WOST) requool.  I, the undersigned, agree to abide by and corules and regulations of the WORA pool. F	uires that pomply with Pool rules c	the Willow Oaks by-laws, neighborh an be found on the WORA website at	dren on the swim team. team members join the ood covenants and all
The Willow Oaks Swim Team (WOST) requool.  I, the undersigned, agree to abide by and corules and regulations of the WORA pool. F  Pool Member Signature	omply with	the Willow Oaks by-laws, neighborh an be found on the WORA website at	dren on the swim team. team members join the ood covenants and all twww.willowoaks.org.

with this form.

Signature\_\_\_

#### Join The Willow Oaks Swim Team!

There is a \$35.00 fee for all returned

checks.

Visit them at willowoaks.swimtopia.com Registration begins in April.

# Credit Card Information Processing fee applied Credit Card Number Total From Side One. (Please include the processing fees) \$\_\_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_ CVV\_\_\_\_\_ Zip Code \_\_\_\_\_\_

**SCAN ME!** 

Page 2 of 2