



Associate Member Pool Use Form

Homeowner Name (s) _____

Address _____

Household Members: (Provide date of birth of children or write-in "adult" if over age 18)

Name _____ D/O/B _____ Name _____ D/O/B _____

Name _____ D/O/B _____ Name _____ D/O/B _____

Name _____ D/O/B _____ Name _____ D/O/B _____

Phone# _____ Emergency# _____

Alternate #: _____ eMail Address _____

I have read and understand all of the Pool Rules: _____

Signature

Naming persons other than those living in the residence is fraudulent and will result in loss of pool privileges.

Check# _____ R'cvd _____

Mail or drop off form at: Los Paseos Association, 7047 Via Ramada, San Jose, CA 95139

Or FAX to (408) 224-9880

Questions? Call (408) 224-9880