



Associate Member Pool Use Form

IN ORDER TO KEEP OUR RECORDS UP TO DATE, PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION. PLEASE COMPLETE ALL FIELDS:

Homeowner Name(s) _____

Address _____

Phone# _____ Mobile # _____

Alternate # _____ Emergency # : _____

E-Mail Address _____

Alternate E-Mail Address _____

Initial here to receive emails from Los Paseos Association regarding upcoming events? _____
(Initial here)

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 _____

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

Listing people other than those living in the residence above 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 email to lospaseosassociation@gmail.com

Questions? Call (408) 224-9880 or email lospaseosassociation@gmail.com