

West Memorial

Civic Association



2015 POOL TAG REGISTRATION

Please fill out this form and take with you to the pool on the registration dates listed on the enclosed pool memo, you must be a member in good standing (paid dues in full) to receive pool tags.

DATE: _____

NAME: _____ HOME PHONE: _____

ADDRESS: _____ DAYTIME/CELL: _____

Circle One: OWNER RENTER

If renting, please provide owner name and address: _____

MEMBERS REGISTERING FOR THE ABOVE HOUSEHOLD

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, please contact: _____

Phone: _____

I, _____, understand that all members of my household and guests must abide by all rules posted at the facility. Expulsion from the facility will occur should the rules not be followed.

Signature: _____ Date: _____

****Only residents in good standing with the Association may receive pool tags and access the facility. Pool ID usage will be enforced.****

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