

# Landisville Pool 2012 Caregiver Membership

## Membership Info you are CAREGIVER for:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## CAREGIVER Info:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information (for CAREGIVER):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Medical Information (for CAREGIVER):

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

## Dues Information:

Dues Amt.: \$75.00 Type: Caregiver

Please remit: \$75.00