



Ashbrook Homeowner Association Pool Membership Application

HOMEOWNER INFORMATION	
LAST NAME:	FIRST NAME:
ADDRESS:	
HOME PHONE:	CELL PHONE:
E-MAIL:	
MEMBER INFORMATION	
LAST NAME:	FIRST NAME:
AGE:	RELATIONSHIP TO HOMEOWNER:
LAST NAME:	FIRST NAME:
AGE:	RELATIONSHIP TO HOMEOWNER:
LAST NAME:	FIRST NAME:
AGE:	RELATIONSHIP TO HOMEOWNER:
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LAST NAME:	FIRST NAME:
AGE:	RELATIONSHIP TO HOMEOWNER:
LAST NAME:	FIRST NAME:
AGE:	RELATIONSHIP TO HOMEOWNER:
EMERGENCY CONTACT INFORMATION	
LAST NAME:	FIRST NAME:
HOME PHONE:	CELL PHONE:

VII. I hereby covenant and agree that I have read and fully understand all regulations made by the Board of Directors for the maintenance and operation of the swimming pool and facilities, and that I will abide by the same. Any changes that may hereafter be promulgated thereto, and that I will forever defend and save harmless the Association, its servants, agents, and employees from any claim, demand, debt or damage asserted by any guest, servant, invitee, child, dependent, or relative, or mine by reason of any alleged loss or injury to person or property, whether known now or discovered in the future, including loss of life, suffered in or about the said pool or club area, or in any way arising there from, and I hereby forever release and discharge the said Association from any such claim which I may hereafter have on my own behalf, whether known now or discovered in the future, and agree that the said pool and facilities area shall be used at the sole risk and responsibility of the users thereof.

Signature: _____ Date: _____

Please return this application to: Millenium Management, Inc. | P.O. Box 1757, Ashburn, VA 20148
Fax: (703) 729-1644 | E-MAIL: CSTIRNER@aol.com