Mechanicsville Recreation Association

Home of the Mechanicsville Marlins

www.mechanicsvillepool.com

MEMBERSHIP INFORMATION SHEET

Primary Adult Member Name(s) (Last,	First):	
Home Address:		
City, State, Zip:		
Preferred Phone Number:	Alternate Phone Number:	
Preferred Email Address:		
Alternate Email Address:		
*Names of Children & Full Dates of Bir	, ,,	
Child 1 Name:	Date of Birth:	
Child 2 Name:	Date of Birth:	
Child 3 Name:	Date of Birth:	
Child 4 Name:	Date of Birth:	
(For additional children, attach a shee	t with their names and dates of birth)	
Signature:	Today's Date:	
If you have any questions about memlated in the membership@mechanicsvillepool.c	bership with MRA, please feel free to contact our m	nembership committee
Please return this Membership Inform	nation Sheet along with your registration payment to	o:

Mechanicsville Rec Association PO Box 222 Mechanicsville, VA 23111

8183 Elm Drive, Mechanicsville, VA 23111 Mailing Address: PO Box 222, Mechanicsville, VA 23111