

**Maplewood Township Application for  
Pool Pal Membership Discount**

<b><u>Name:</u></b>	
<b><u>Address:</u></b>	
<b><u>Home Phone:</u></b>	<b><u>Work/ Cell Phone:</u></b>
<b><u>Family Members (including self):</u></b>	
<b><u>Name:</u></b>	<b><u>Date of Birth:</u></b>
<b><u>Please state reason for your request:</u></b>	
<b><u>Family Gross Income (please provide documentation; see bullet list below)</u></b>	
I agree to pay my portion of the pool membership and that all information provided is true and correct.	
<b><u>Applicant Signature:</u></b>	<b><u>Date:</u></b>
<b><u>Township Signature:</u></b>	<b><u>Date:</u></b>



**RETURN TO: Health Department 574 Valley Street, Maplewood, NJ 07040**

**ATTN: Human Services Director, Beverly Ashmon 973-762-8120 ex. 2200**

**Verification Items:**

- School Verification for Children Ages 6-17
- Proof of Residency
- Proof of Free/ Reduced Lunch Status (if applicable) or Family Gross Income
- Photo ID

**Return by: May 27, 2022**