



Talamore Community Association

All assessments must be current to obtain an access card

Exercise/Game Room/Pool Access Card (This card is your permanent access card) There will be a \$25.00 charge for all lost cards			
Homeowner Name:			
Talamore Property Address:			
Phone:			
Email:			
In case of emergency, please contact:			
Name:			
Relationship:			
Phone Number:			
Please list all full-time residents of the address, their age, and relationship to owner. Please list residents from oldest to youngest.			
PASS # <small>(office use only)</small>	NAME	RELATIONSHIP	CHILDREN'S AGE
		OWNER	
		NANNY	

I hereby certify that the information supplied above is accurately stated and that I am requesting resident access card ONLY for FULL TIME residents of this address. Upon signature of this application, I acknowledge that my family members, guests, and I will abide by the Rules and Regulations governing the use of the swimming pool, and will abide by the directions and decisions of the pool staff in regard to the interpretation and enforcement of said Rules and Regulations. Failure to do so may result in the revocation of pool facilities privileges.

Signature of Homeowner

Date