MANCHESTER LAKES MASTER ASSOCIATION FACILTIES PASS APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent *(Please circle)*		
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
SPOUSE OR ADDITIONAL OCCUPANT INFORMATION IF JOINT MEMBERSHIP		
Name:		
Date of birth:	Email:	Phone:
CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED		
Name/ DoB:	Name/ DoB:	
Name/DoB:	Name/ DoB:	
SIGNATURES		
I authorize the verification of the information provided on this form.		
Signature of applicant:		Date:
Signature of spouse/additional occupant*:*		Date:

Facilities Pass Information

Information Verified	Pass Issued Date	Staff Initials