

Urbanna Pool Membership Application

Name _____

Address _____

Phone _____

Email _____

___ Family of 4 Membership Fee \$230.00

___ Individual Membership \$70.00

___ Daily Non-Member – Guest Fee \$5.00

Amount Enclosed _____

Emergency Contact _____

Emergency Contact Number _____

List all family members on family membership _____

Please return this for and payment to:

Town of Urbanna
P.O. Box 179
Urbanna, VA 23175

Hours of Operation

Tuesday through Saturday 12 to 6

Sunday 1 to 6