

2026 HILLSBOROUGH POOL MEMBERSHIP

13515 Beckenham Drive, Little Rock, AR 72212

www.Hillsboroughpool.org

Facebook: Hillsborough Pool

HillsboroughPool@gmail.com

APPLICANT INFORMATION

Name: _____

Spouse / Partner Name: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone # () Email Address: _____

Emergency Contact: _____ ()
Name *Emergency Contact Ph #*

Children Residing In Home _____
Name & Age *Name & Age*

Name & Age *Name & Age*

2026 MEMBERSHIP RATES

- | | | |
|--|--|--|
| <input type="checkbox"/> \$325
FAMILY RATE
(must reside in the same household) | <input type="checkbox"/> \$275
MILITARY RATE
(<u>Active or Retired</u>
must provide ID w/ application) | <input type="checkbox"/> \$166
SENIOR RATE
62+ |
|--|--|--|

Membership Choice	\$		<input type="checkbox"/> I am a new member and need a FOB to access pool. <input type="checkbox"/> I am a returning member and have lost my FOB and need a replacement for a \$5 fee. FOB is mandatory for accessing Pool.
Donation to Pool	\$		*all donations help with maintenance and upkeep of pool
TOTAL AMOUNT DUE:	\$		(Make Check payable to HPOA POOL)

PAY BY CREDIT CARD Email to receive Invoice: _____
If you elect to pay by CC, a 3.5% processing fee will be added to the total amount due. An invoice will be emailed to you from Hillsborough Pool and you can pay directly from invoice via square. Email: hillsboroughpool@gmail.com for any questions.

SIGNATURE

DATE

By signing and dating you agree that you have read and will comply with the 2026 HPOA Pool Rules. A copy of the rules is available at HillsboroughPool.org under the Membership Page.

REFERRED BY: _____