



MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

City _____ **State** _____ **Zip Code** _____

TELEPHONE: (Home) _____ **(Cell)** _____

E-MAIL: _____

Poway Polo Club Membership Desired (circle one): VOTING PLAYING

PVRA Membership (circle one): SINGLE FAMILY SOCIAL AFFILIATE HONORARY

PVRA Work Hours (circle one): WORKING NON-WORKING

Family Members (including yourself):

- **Name** _____ **DOB** _____ **Player: Yes No** **USPA#** _____
- **Name** _____ **DOB** _____ **Player: Yes No** **USPA#** _____
- **Name** _____ **DOB** _____ **Player: Yes No** **USPA#** _____
- **Name** _____ **DOB** _____ **Player: Yes No** **USPA#** _____
- **Name** _____ **DOB** _____ **Player: Yes No** **USPA#** _____

EMERGENCY CONTACT(s):

- **Name** _____ **Phone** _____ **E-Mail** _____
- **Name** _____ **Phone** _____ **E-Mail** _____

By signing below, we agree to abide by the conditions set forth in the Poway Polo Club Bylaws, Poway Polo Club Operating Rules, and Poway Polo Club Release of Liability.

Signature: _____ **Date:** _____

Parent/Guardian Signature (if minor under 18): _____ **Date:** _____

Poway Polo Club Board: Approved Denied Signature: _____ **Date:** _____