



CLUB ROYAL POOL

RE-ENROLLMENT MEMBERSHIP APPLICATION

NAME: _____ **SPOUSE** _____

ADDRESS: _____ **CITY** _____ **ZIP** _____

HOME # _____ **WORK#** _____ **EMAIL** _____

CHILD NAME: M/F AGE:	CHILD NAME: M/F AGE:
CHILD NAME: M/F AGE:	CHILD NAME: M/F AGE:

Mail to: Club Royal Membership C/O Deanna Squibb

3515 Vinecrest Drive, Dallas, TX 75229

FAMILY MEMBERSHIP: \$325

COUPLE MEMBERSHIP: \$275

SINGLE MEMBERSHIP: \$225

Please make checks payable to Club Royal. If there are any questions, call Deanna Squibb 214-654-9677