GRANDVIEW
HOMEOWNERS ASSOCIATION

1600 NE Loop 410, Suite 202
San Antonio, TX 78209
(210) 829-7202 Office * (210) 829-5207 Fax

POOL MEMBERSHIP

Owners Name: _____
(Last) **(First)**

Spouse:_____
(Last) **(First)**

Address: _____

Telephone: _____
(Home) **(Work)** **(Work/Alt.)**

Emergency: _____ _____
(Name) **(Phone)**

Children: _____ _____
(Name) **(Birth Year)**

_____ _____
(Name) **(Birth Year)**

_____ _____
(Name) **(Birth Year)**

_____ _____
(Name) **(Birth Year)**

This membership form and the waiver form must be filled out every year and on file with Grandview HOA for you to have pool privileges.

_____ _____
Representative, Grandview HOA **Date**

*****IF YOU CURRENTLY HAVE A POOL CARD, PLEASE LIST THE LAST (5) DIGITS***

Card Issued #: _____