

**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 #: \_\_\_\_\_