

Pool Access Card Application for Members 8700 Turnpike Drive #230, Westminster, CO 80031 303.429.2611ph 303.429.2632 (fax) copperleaf@vistamgmt.com

Last Name of Household:			
Household Address:		Aurora, CO 80015	
Member's Name (Print Legi	bly):		
Home Phone Number:	Work Pho	Work Phone Number:	
Emergency Contact:	Name (Print Legibly)	Phone Number	
		_ Cell Number:	
		nd agree to abide by all of the provisions. supervise them to follow the pool rules to	
The following members resi- pool season.	de at our address and we antic	ipate that they will use the pool during the	
	eives 2 free key fobs upon mov s are \$30 each NON Refundab	ing in. le. Make check payable to Copperleaf HOA	
<u>NAME</u>	DATE OF BIRTH	(for those under the age of 19)	
Member's Signature:		Date:	
FOR OFFICE USE ONLY:			
Key FOB #:	&	Facility Code:	
Check #:	Date Mailed:	Logged: Programed:	