

2026 Season Membership Application
Moyaone Community Pool
(Mini-Season Rates from Aug 1-Labor Day)
2311 Bryan Point Road, Accokeek, Maryland

Select a membership category (does not apply to those in the Moyaone Reserve):

- Family: all persons living in a single household during the current year swim season
- Couple: two people living in a single household during the current swim season
- Individual: one person 16 years of age or older

Memberships are not transferable.

Family \$275 ☐
Couple \$230 ☐
Individual \$160 ☐

Fees subject to change next season

Swim Team & Camp Rates

Swim Team Family \$465 ☐
Swim Team Pair (1 adult + 1 child) \$390 ☐
Swim Team Individual \$225 ☐
Camp participant over 2 weeks \$100 ☐

Payment Method (select one): ☐ cash ☐ **Pay Online** now at www.moyaone.org/pool/
☐ check payable to *The Moyaone Association*

Cash or check are accepted in person, or check can be mailed to PO Box 113 Accokeek MD 20607, do not mail cash.

Name, Head of Household: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Cell _____ Home _____ Emergency _____
Email _____

Names of family members to be included in membership plus ages of children

Name	Age if child	Parent's Initials

Children under the age of 12 must be supervised by their parent or their parent's designee.

Children must pass the Red Cross Swim Test to use the deep end and dive well.

Fees must be paid in full at the time of entry. Membership fees may be paid by cash, check, or online. **NO REFUNDS.**
Email a clear, legible image of this completed form (after Pool Manager or authorized staff has filled out the In-Person Payment box above) and your payment to comptroller@moyaone.org. The Pool Manager or their authorized staff will retain the completed paper application and in-person payment. Save these images for your own records. You may be invoiced with added transaction fees for missing, late, or deficient payments.

I agree to pay \$ _____ which is enclosed or paid online. I agree to become familiar with and to abide by the operating rules and regulations of the pool, including the **Pool Guidelines Agreement**. I accept responsibility for use of the pool for myself, members of my family, and guests. I acknowledge that failure to comply with the rules may constitute cause and grounds for cancellation and forfeiture of membership in the Moyaone Community Pool.

Sign: _____ Date: _____

<u>IN-PERSON PAYMENT RECEIPT</u> Select the payment method: ___ cash \$ _____ ___ check # _____ Staff signature _____ Date _____ <i>Notice: This application is deemed incomplete if this section is blank.</i>
