



2026 Member #: \_\_\_\_\_

# KHA SWIM CLUB

850.893.3468 Office [KHA@KILLEARN.ORG](mailto:KHA@KILLEARN.ORG)

## Killearn Estates Swim Club Membership Application

Thank you for your interest in joining the Killearn Estates Swim Club. Please complete this application and return with your check in the amount of \$500 (Killearn Estates Residents) or \$550 (Non-Residents), payable to Killearn Homes Association. The pool will open on May 1st, and close on October 4th. Once we receive your application, waivers, and payment, we will provide you with a membership number. Pool Hours are 11am to 9pm Monday thru Friday, and 9am to 9 pm on Saturday and Sunday. \$5 Guest fees are payable in advance. Replacement key card is \$25.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell/Work: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Names and ages of Children:

\_\_\_\_\_ Age: \_\_\_\_\_      \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_      \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_      \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_      \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_      \_\_\_\_\_ Age: \_\_\_\_\_

I/we understand that our membership is seasonal for swimming. The membership fees are due and payable regardless of weather conditions or pool usage. I/we agree to abide by all of the rules and regulations of the Killearn Estates Swim Club and further agree to not hold the Killearn Estates Swim Club employees, representatives, membership, or board members responsible for accidental injury.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant