



Ashburn Farm Association
 21400 Windmill Drive
 Ashburn, VA 20147
 703-729-6680 - pools@afhoa.net

2021 Resident Pool Pass Application

Applying for pool passes as Owner Renter

Adult Name 1: _____ Email: _____

Adult Name 2: _____ Email: _____

Address: _____

Home Phone: _____ Cell Number 1: _____ Cell Number 2: _____

Additional Members — Age two years and older	Date of Birth

Emergency Contact

Name: _____ Relation: _____ Phone Number: _____

Resident Guidelines	Tenant Guidelines
<ul style="list-style-type: none"> • New resident's must present proof of residency and a valid ID due at issuing process. We accept any major bill (s) or closing documents. • Pictures in JPG format for persons nine years and older, in passport style be taken/submitted with application. • All printed passes are \$5.00. Payment of check or cash is accepted. • Passes must be updated for adults every five years and children every three years. 	<ul style="list-style-type: none"> • The <i>Offsite Information Contact Form</i> must be submitted before or during the request for pool passes. • Proof of residency and a valid ID is due at issuing process. We accept any major bill. Lease is not accepted, due to easy fraudulence. • Pictures in JPG format for persons nine years and older, in passport style be taken/submitted with application. • All printed passes are \$5.00. Payment of check or cash is accepted. • Passes must be updated for adults every five years and children every three years.

Terms and Conditions

All pool members are bound by the established Ashburn Farm Pool Rules as set forth by the Board of Trustees. Privileges may be revoked if your HOA assessments are not kept up-to-date. Signing indicates member has read and understood all Pool Rules and Policies and agrees to the terms and conditions.

Member Signature: _____ Date: _____

By signing, you're acknowledging your email address will automatically be added to our community communication email list. This system is used to inform residents of subjects such as trash information, crime reports, events, and emergency situations. AFA will not share your information.

Please check here if you would like to opt out of receiving these important emails.

OFFICE USE

Due: _____ Check: _____ Cash: _____ Completed By: _____ Date: _____