

**Trenton Municipal Pool Foundation  
TMPF**

**Membership Application Form**

**\*\* Please Print Clearly\*\***

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_

Email Address (\_\_\_\_) \_\_\_\_\_

**Membership Fee \$25.00**

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail to:

**Trenton Municipal  
Pool Foundation**  
215 E. Broadway  
P.O. Box 117  
Trenton, Illinois 62293