

**ANNUAL MEMBER RENEWAL FORM FOR ACTIVE MEMBERS**

**ROCKVILLE CENTER**

PO Box 111  
Rockville, VA 23146

Complete and return this form, along with your payment to the above address, by **May 1, 2012**. Checks should be made payable to "Rockville Center, Inc."

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***Household Pool Membership Information***

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

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

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

**Name Of Primary Household Member:** \_\_\_\_\_ **\$265.00\*\***

*(If member is under 18 yrs of age, must have an adult contractually responsible.)*

**Names of Additional Members in the Household**

*(Each person must reside in the primary member household. Financially independent adult children should purchase their own membership.)*

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>Age of Children</b>	
1.	_____	_____	<b>\$50.00</b>
2.	_____	_____	<b>\$50.00</b>
3.	_____	_____	<b>\$50.00</b>
4.	_____	_____	<b>\$50.00</b>
5.	_____	_____	<b>\$0.00</b>
6.	_____	_____	<b>\$0.00</b>
7.	_____	_____	<b>\$0.00</b>
8.	_____	_____	<b>\$0.00</b>

**Additional Non-Member Fees:**

1. Babysitter – Non-household babysitter may only come while caring for member children \$100.00

**Babysitter added for fee:** **AGE** **AMOUNT**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**2012-2013 Payment Summary**

**Annual Pool Membership Dues**

**Primary Household Member Dues** **\$265.00\*\***  
**Additional Members in the Household** (\$50 each, maximum of \$200) \$ \_\_\_\_\_  
**Additional Non-Member Fees** \$ \_\_\_\_\_  
**Volunteer Service Opt Out Fee (\$30)** *See below for Volunteer Options* \$ \_\_\_\_\_

**LATE FEE: IF POSTMARKED AFTER 5/1/12, PAY \$35 LATE FEE** \$ \_\_\_\_\_

**Pool Guest Passes:** 10 pool guest passes per booklet for \$40 ea. (\$50 Value)  
# of Guest Pass Booklets: \_\_\_\_\_ x \$40 \$ \_\_\_\_\_

**\*\*CASH DISCOUNT:** If paying by cash or check, take \$15 off your total. \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**For Credit Card Payments:**

\_\_\_\_ Visa      \_\_\_\_ Mastercard      Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_      Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_

I understand that if I DO NOT pay the volunteer fee above, I am obligated to serve three hours of volunteer time at a Center work day or join a committee. Please indicate your choice below:

- \_\_\_\_ Attend 1 volunteer workday at the Center (there will be several throughout the year)
- \_\_\_\_ I will serve on a Center committee (committee opportunities will be provided upon registration)

If you are already serving on a Committee, please indicate which one here: \_\_\_\_\_

\_\_\_\_ **I would like someone to contact me with information about Swim Team.**

*For Rockville Center Use ONLY*  
\_\_\_\_ Cash      \_\_\_\_ Check# \_\_\_\_\_      Amount: \_\_\_\_\_      Date Postmarked: \_\_\_\_\_