| 2016 new member THE ROCKVILLE CENTER  PO Box 111  Rockville, VA 23146  For membership questions, please contact Jennie Burcham directly @ 804-749-3731 | | | | | |
| --- | --- | --- | --- | --- | --- |
| HOUSEHOLD POOL MEMBERSHIP Information | | | | | |
| Last Name: Click here to enter text. | | | | | |
| Phone: Click here to enter text. | Email: Click here to enter text. | | | | |
| Current address: Click here to enter text. | | | | | |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. | | | |
| PRIMARY HOUSEHOLD MEMBER Information (Must be at least 18 yrs of age) | | | | | |
| Name: Click here to enter text. | | | | | |
| Referred by: Click here to enter text. | | | | | |
| Names of additional members in the household (Each member must reside in home of primary member, age for minors only) | | | | | |
| Name: Click here to enter text. | Relationship: Click here to enter text. | | | Age: Click here to enter text. | |
| Name: Click here to enter text. | Relationship: Click here to enter text. | | | Age: Click here to enter text. | |
| Name: Click here to enter text. | Relationship: Click here to enter text. | | | Age: Click here to enter text. | |
| Name: Click here to enter text. | Relationship: Click here to enter text. | | | Age: Click here to enter text. | |
| Name: Click here to enter text. | Relationship: Click here to enter text. | | | Age: Click here to enter text. | |
| Name: Click here to enter text. | Relationship: Click here to enter text. | | | Age: Click here to enter text. | |
| Name: Click here to enter text. | Relationship: Click here to enter text. | | | Age: Click here to enter text. | |
| Additional non-member fees: (Non-household babysitter may only come while caring for member children) | | | | | |
| Babysitter Name: Click here to enter text. | | | | Age: Click here to enter text. | |
| ANNUAL POOL MEMBERSHIP DUES | | | |  | |
| Primary Household Member Dues | | | | $300 | |
| One-Time Initiation Fee | | | | $200 | |
| Additional Members in the Household + $50 each, maximum $250 | | | | + $ | |
| Additional Non-Member Fees (Babysitter) + $100 each | | | | + $ | |
| Volunteer Opt Out Fee (waive if you volunteer on committees or if you will participate on work days) + $30 | | | | + $ | |
| Name of Committee: | | | |  | |
| Pool Guest Passes: 10 pool guest passes for $40.00 each booklet ($50.00 value) # of Guest Pass Booklets:       X $40 | | | | + $ | |
| **CASH DISCOUNT:** If paying cash or check -$15 | | | | - $ | |
| **TOTAL DUE** | | | | **$** | |

Please make your check payable to “**The Rockville Center**”

**Credit Card:** ()Visa ( ) Mastercard Credit Card # Click here to enter text. CC 3 digit CVC# Click here to enter text.

Expiration Date: Click here to enter text. Name on card: Click here to enter text.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you wish to donate to the Rockville Center Pool Renovation, please write a separate check payable to “RSPF”. Please note “Pool Renovation Donation” in the memo field. Donations are tax deductible. Once your check is deposited, you will receive confirmation for tax purposes.

Membership 5/1/16 through 4/30/17 Rev. 03/01/16

*For Rockville Center Use ONLY*

\_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ \_\_\_\_\_ Credit Card Processed, date \_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_\_ Postmarked: \_\_\_\_\_\_\_\_\_\_