

2018 ACTIVE MEMBER

THE ROCKVILLE CENTER
PO Box 111
Rockville, VA 23146
For membership questions, please contact Jennie Burcham directly @ 804-749-3731

Completed form and payment due to the above address by **May 1, 2018**

HOUSEHOLD POOL MEMBERSHIP INFORMATION

Last Name:		
Phone:	Email:	
Current address:		
City:	State:	ZIP Code:

PRIMARY HOUSEHOLD MEMBER INFORMATION (*ONE INDIVIDUAL*, MUST BE AT LEAST 18 YRS OF AGE)

Name:		
NAMES OF ADDITIONAL MEMBERS IN THE HOUSEHOLD (EACH MEMBER MUST RESIDE IN HOME OF PRIMARY MEMBER, AGE FOR MINORS ONLY)		
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:

ADDITIONAL NON-MEMBER FEES: (Non-household babysitter may only come while caring for member children)

Babysitter Name:	Age:
------------------	------

ANNUAL POOL MEMBERSHIP DUES

Primary Household Member Dues		\$300
Additional Members in the Household	+ \$50 each, maximum of \$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, a \$50.00 value		
	+ # of Guest Pass Booklets: X \$40	+ \$
CASH DISCOUNT: If paying by cash or check	- \$15	- \$
LATE FEE: IF POSTMARKED AFTER MAY 1, 2018, PLEASE ADD	+ \$35	+ \$
	TOTAL DUE	\$

Please make your check payable to "The Rockville Center"

Credit Card: () Visa () Mastercard Credit Card # CC 3 digit CVC#

Expiration Date: Name on card:

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.

Annual Membership 5/1/18 through 4/30/19

Rev. 02/19/18

For Rockville Center Use ONLY

_____ Cash _____ Check # _____ _____ Credit Card Processed, date _____ Amount: _____ Postmarked: _____