

2020 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, 2020**

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:
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ANNUAL POOL MEMBERSHIP DUES		
Primary Household Member Dues		\$325
Additional Members in the Household (all other members aside from primary)	+ \$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, 2020, 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.

<i>For Rockville Center Use ONLY</i>			
_____ Cash	_____ Check # _____	_____ Credit Card Processed, date _____ Amount: _____	Postmarked: _____