

# 2022 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:		
Phone:	Email:	
Current address:		
City:	State:	ZIP Code:

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

Name:
Referred by:

### 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:
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		\$350
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	+ \$
<b>CASH DISCOUNT:</b> If paying cash or check	-\$15	- \$
<b>TOTAL DUE</b>		

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.

Membership 5/1/22 through 4/30/23

Rev. 02/22/22

*For Rockville Center Use ONLY*

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