

# 2024 ACTIVE MEMBER

THE ROCKVILLE CENTER

PO Box 111

Rockville, VA 23146

For membership questions, please contact Matt Reynal at RockvilleCenterMembers@gmail.com

Completed form and payment postmarked or placed in the drop box at the above address by May 1, 2024

## 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:

### 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		\$400
Additional Members in the Household (all other members aside from primary)	+ \$50 each, maximum of \$300	+ \$
Additional Non-Member Fees (babysitter)	+ \$100 each	+ \$
Interested in volunteering on a committee, workday, or at an event? Check below and we'll contact you!		
Yes: _____		
Pool Guest Passes: 10 pool guest passes for \$40.00 each booklet, a \$50.00 value		
	+ # of Guest Pass Booklets: X \$40	+ \$
<b>2023 INACTIVE (IF APPLICABLE):</b>	+ \$50	+ \$
<b>CREDIT CARD FEE:</b> If paying by card add	+ 5.0%	+ \$
<b>LATE FEE: IF POSTMARKED AFTER MAY 1, 2024, PLEASE ADD</b>	+ \$35	+ \$
<b>TOTAL DUE</b>		<b>\$</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.

Annual Membership 5/1/24 through 4/30/25

Rev. 01/21/2024

*For Rockville Center Use ONLY*

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