

2025 NEW MEMBER

THE ROCKVILLE CENTER
PO Box 111
Rockville, VA 23146

For membership questions, please contact Matt Reynal at RockvilleCenterMembers@gmail.com
Please return your form and payment to the above address or the drop box at the Rockville Center.

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: _____

ANNUAL POOL MEMBERSHIP DUES

Primary Household Member Dues	\$400
One-Time Initiation Fee	\$200
Additional Members in the Household + \$50 each, maximum \$300	+ \$
Additional Non-Member Fees (Babysitter) + \$100 each	+ \$
Interested in volunteering on a committee, work day, or at an event? Check below and we'll contact you!	
Yes/Maybe:	
Pool Guest Passes: 10 pool guest passes for \$40.00 each booklet (\$50.00 value) # of Guest Pass Booklets: X \$40	+ \$
CREDIT CARD FEE: If paying by card add + 5.0%	+ \$
TOTAL DUE	

Please make your check payable to "The Rockville Center"

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

Expiration Date: _____ Name on card: _____

ignature: _____

If you wish to donate to the Rockville Center for future pool projects, please write a **separate** check payable to "Friends of the Rockville Center". Please note "Pool Projects Donation" in the memo field. Donations are tax deductible. Once your check is deposited, you will receive confirmation for tax purposes.

Membership 5/1/25 through 4/30/26

Rev. 01/21/25

For Rockville Center Use ONLY

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