

2025 NEW MEMBER

THE ROCKVILLE CENTER

PO Box 111

Rockville, VA 23146

For membership questions, please contact Corey Dahl 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:

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

+ \$

LATE FEE: IF POSTMARKED MAY 1, 2025, OR LATER PLEASE ADD

+ \$35

+ \$

CREDIT CARD FEE: If paying by card add

+ 5.0%

+ \$

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 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: _____