



Chamberlayne Recreation Association 2010 Membership Application



Primary Member Name: _____ Occupation _____

Spouse's Name: _____ Occupation: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Emergency Contact: _____ Phone _____

Children's Names	Date of Birth
_____	<input type="checkbox"/> M <input type="checkbox"/> F _____
_____	<input type="checkbox"/> M <input type="checkbox"/> F _____
_____	<input type="checkbox"/> M <input type="checkbox"/> F _____
_____	<input type="checkbox"/> M <input type="checkbox"/> F _____
_____	<input type="checkbox"/> M <input type="checkbox"/> F _____

Please let us know how you heard about us.

Newspaper ad
 Flyer: Home, daycare or school?
 Attended birthday party
 Current member

Member's Name: _____
(will be included in a drawing on July 4th for a free 2011 membership!)

MEMBERSHIP FEES

New Member Initiation Fee* - \$300

(*If new member, initiation AND annual membership fees must be paid)

- | | |
|---|--------------------------|
| <input type="checkbox"/> Family (2 adults + dependents) | \$395 (\$375 Early Bird) |
| <input type="checkbox"/> 2 Person Family/Couples | \$320 (\$300 Early Bird) |
| <input type="checkbox"/> Single Adult | \$265 (\$250 Early Bird) |

Total Enclosed: \$ _____

Make payments to CRA

Mail to: P.O. Box 9341, Richmond, VA 23227
(Please pay at the pool once it is open for the summer)

I/We understand that memberships are for **immediate family, not occupants in a household**. A maximum of two adults is allowed per membership. Guest pass may not be used for a parent, spouse or child living in the same household who is not named as a member.

By signing below, I/we certify that all information provided is accurate to the best of my/our knowledge and I/we agree to abide by all pool rules, regulations, and policies.

Applicant's Signature

Spouse's Signature (if applicable)

Date

Early Bird Registration

5 FREE GUEST PASSES if your application is postmarked by **April 15!**
EXTRA BONUS: Pay 2009 Rates if postmarked by **April 1**

If you have any questions, please email us at chamberlaynepool@yahoo.com
 OR call 264-8119

FOR OFFICE USE ONLY

Member #: _____

Amount Pd: \$ _____
 _____ Cash Check # _____