

WAKEFIELD CHAPEL RECREATION ASSOCIATION



MEMBERSHIP APPLICATION

Please remit with payment to:
 PO Box 1248, Springfield, Virginia 22151
 703.425.4686
 wakefieldchapelrec.org

There are several ways that one can use the facilities at Wakefield Chapel Recreation Association.

- 1. Permanent Member:** interested individuals complete membership application and must pay one-time, refundable (upon sale) bond fee (currently \$950 payable in one installment of \$200 and the second installment of \$750) plus annual dues (currently \$415). Permanent members own 1/500th of the pool facilities, have full rights to use the facilities and may serve on the Board of Directors.
- 2. Temporary Member:** individuals may "rent" a summer membership (if they are available) granting them use of the Association's facilities for the operating season. The current fee to rent a membership is \$515 and is non-refundable. Individuals may only rent a membership three times. After that, a bond for permanent membership must be purchased.
- 3. Military Member:** To assist the many military families who reside in our community for short durations, the military membership allows these families to rent a membership at the current annual dues rate of \$415. Families may obtain a military membership up to three times before needing to purchase a full membership.

Should I rent a membership or buy a membership? If you are uncertain how long you will be in the area, renting a membership will save you \$100 initially and does not obligate you to purchase a membership bond.

However, if you feel you will be in the area for a long time and want to keep a pool membership, it is more cost effective to obtain a full membership. Your bond payment (which can be paid in one installment of \$200 and the second installment of \$750) will be refunded to you when your membership is sold. If you rent a membership for 2010, you will owe \$515. If you begin the buying process in 2010, you will owe \$615 (\$200 deposit on your bond and \$415 dues). In 2011, you will owe the remaining \$750 toward your bond and your annual dues. If you decide you want to sell, your \$950 will be refunded to you upon the sale of your membership.

Remember, you may only rent a membership three times. After that, you must purchase a membership bond.

Applicant Name(s): _____ Application Date: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACT: _____ **PHONE:** _____

Other Family Members:

Name: _____ Gender: M F Date of Birth: _____

Name: _____ Gender: M F Date of Birth: _____

Name: _____ Gender: M F Date of Birth: _____

Name: _____ Gender: M F Date of Birth: _____

Name: _____ Gender: M F Date of Birth: _____

SELECT MEMBERSHIP TYPE AND FEES - SELECT ONLY ONE!

<input type="checkbox"/> PERMANENT MEMBER: 2010 Dues: \$415 Deposit Toward \$950 Membership Bond \$200 Guest Passes \$1 each (Advance Sale Pricing) \$_____ TOTAL DUE: \$_____ 	<input type="checkbox"/> TEMPORARY MEMBER: 2010 Dues: \$515 Guest Passes \$1 each (Advance Sale Pricing) \$_____ TOTAL DUE: \$_____ 	<input type="checkbox"/> MILITARY MEMBER: Service Branch: _____ 2010 Dues: \$415 Guest Passes \$1 each (Advance Sale Pricing) \$_____ TOTAL DUE: \$_____
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I hereby agree that by signing this membership application, I will abide by the operating procedures and usage guidelines for all WCRA facilities. If I have applied for permanent membership, I am committed to joining the WCRA when a full membership becomes available and acknowledge that should I decline an available membership, I will forfeit my deposit(s), unless I have permanently moved from the neighborhood.

SIGNATURE: _____

WCRA USE ONLY: MEMBERSHIP #: _____ **DATE PROCESSED:** _____

FAMILY EMERGENCY DATA FORM

Family Name _____ Address _____

EMERGENCY CONTACT INFORMATION

Primary Contact Name _____ Phone H _____
W _____
C _____

Relationship _____

Secondary Contact Name _____ Phone H _____
W _____
C _____

Relationship _____

FAMILY MEDICAL PROFILE

Names	Date of Birth	For each child, please list any medical conditions, allergies, or physical limitations the lifeguard staff should be aware of (use more than one line per child, if necessary):
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

I hereby authorize the lifeguard staff of NV Pools, Inc. to obtain emergency medical care for injuries or illness for my child that might occur while at the pool facility. I further direct all medical/hospital facilities to accept this document as authorization to render essential care deemed medically necessary in the event of an emergency and I am unable to be immediately contacted.

Signature

Date

Printed Name

Health Insurance Carrier: _____
Policy #: _____