**Pool Membership Form**

**Become a member and SAVE!!!**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Daily Non-Member Fee** | **Month-to-Month Annual (Electronic Transfer Only; Min. 12 Months)** | **12-Month Annual** |  | **If you plan to use the pool…** | **…an annual membership will save you…\*** |
| Youth (14-18) | $5 | -- | $325 |  | 2x/week | $188 annually |
| Individual Adult | $7 | $45 | $540 |  | 3x/week | $552 annually |
| Individual Senior (65+) | $7 | $40 | $480 |  | 4x/week | $916 annually |
| Family | Child $5, Adult $7 | $60 | $720 |  | \*Savings are based on comparing adult daily admission price vs. 12-month annual individual adult membership | |
| Senior Family (65+) | Child $5, Adult $7 | $55 | $660 |  |

**Member Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Member** | | | | | | | |
| **First Name** | | | **MI** | | **Last Name** | | |
| **Mailing/Street Address** | | | | | | | **Home Phone** |
| **City** | | | **State** | | **Zip** | | **Work Phone** |
| **Email** | | | **Date of Birth (mm/dd/yy)** | | | | **Cell Phone** |
| **Spouse / Partner** | | | | | | | |
| **First Name** | | | **MI** | | **Last Name** | | |
| **Mailing/Street Address** | | | | | | | **Home Phone** |
| **City** | | | **State** | | **Zip** | | **Work Phone** |
| **Email** | | | **Date of Birth (mm/dd/yy)** | | | | **Cell Phone** |
| **Children** | | | | | | | |
| **First Name** | **MI** | **Last Name** | | | | **Age** | **School** |
| **First Name** | **MI** | **Last Name** | | | | **Age** | **School** |
| **First Name** | **MI** | **Last Name** | | | | **Age** | **School** |
| **Emergency Contact** | | | | | | | |
| **Name** | | | | **Phone Number** | | | |

***Please note*:**  Each pool patron is responsible for becoming familiar with all posted rules. A full list of rules can be viewed at the pool or on our website, www.rockbridgeswims.org. By entering the facility, the patron summarily agrees to abide by all written rules and verbal instructions given by the Pool management and lifeguarding staff.

***I agree to follow all pool rules and swim at my own risk. Adults agree to assume all responsibility for minors.***

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE THIS FORM ONLY IF ENROLLING IN MONTHLY TRANSFER MEMBERSHIP**

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| **POOL MEMBERSHIP EFT AGREEMENT** |
| ***Electronic Transfer***: I authorize my bank to honor preauthorized electronic funds transfer drawn by Rockbridge Aquatics Center on my account for membership payments below. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge.  \_\_\_\_I choose to utilize the EFT option for monthly payments \_\_\_checking \_\_\_savings  Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Routing/Transit No. Please attach voided check  Monthly Dues:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Draft Date: The 15th of each month beginning \_\_\_\_\_\_\_\_\_\_ (please initial\_\_\_\_\_\_\_\_\_\_)  Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Accepted by Pool Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Payment Plan:*** *Please make checks payable to Rockbridge Aquatics Center*  Initial amount paid: $\_\_\_\_\_\_\_\_\_ (1 month) Monthly EFT payment:\_\_\_\_\_\_\_\_\_\_  **\*Monthly Payments**: I understand that monthly plans are continuous but can be cancelled with 30 days advance notice **after** 12 monthly payments of membership with no termination charge.  If membership is cancelled before 12 payments have been made, there will be a termination fee due of $100.00. (please initial\_\_\_\_\_\_\_\_\_\_\_).  With prior approval, we will be glad to suspend payments for extended illness or vacation for up to three months. |
| **OFFICE USE ONLY**  **Membership Type (circle one):**  Individual Youth Individual Adult Individual Senior Family Family Senior  Join Date:\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |