

Ridglea Swimming Pool Association, Inc. 2024 Member Enrollment Form Complete and sign below.

Member Name _____
Last First MI

Mailing Address _____
Number Street City Zip

Phone _____ Email _____
Primary Second

Membership Category: FAMILY COUPLE SINGLE SR COUPLE SR SINGLE Are you... NEW to RPA? Returning?

If you're NEW to RPA, How did you learn about us? (Please include specific source name.) _____

PLEASE LIST ALL FAMILY MEMBERS TO BE INCLUDED, AGES 2 AND ABOVE, AND INCLUDE ALL REQUESTED INFORMATION

ADULTS

First Name Last Name Gender Occupation

First Name Last Name Gender Occupation

CHILDREN—Please include first and last names, age and gender(M/F). This information is strictly for identification purposes.

1 _____ 5 _____
2 _____ 6 _____
3 _____ 7 _____
4 _____ 8 _____

Member ID is issued one per member unit/family, and complete membership record is on file at the pool. Additional ID's may be requested, but most families use phone photos of the ID for pool entry.. Please check in at the front desk each time you visit. Guest passes ordered with enrollment may be picked up on first swim visit, along with Member ID. If we have a question regarding your dues payment or enrollment, we will email or call. Children's information is for identification only, to confirm member status. We never share member information with outside parties.

PAYMENT CALCULATION

BEST RATE by April 1

****PLEASE MAKE ALL CHECKS OUT TO RIDGLEA SWIMMING POOL **** EARLY BIRD by May 1

Dues—from 2024 schedule \$ _____ + Guest Pass(es)\$ _____ = _____

Payment Method: Check Money Order Credit/Debit(complete info below) Cash

Paid online via: Website/Paypal Zelle

Credit/Debit Card Number: _____ Expiration _____ CVV _____

If account holder name/address not the same as member please complete the following:

Name _____ Address with zip code _____

PLEASE READ and INDICATE AGREEMENT BY SIGNING BELOW—Member affirms and agrees:

I hereby understand that the information entered hereon is true and correct to the best of my knowledge and belief. Family members for whom a pass is issued under this membership are legitimate members of my household, as per the organization's Family Membership Policy. I, my spouse/partner, child/children attending the pool facility under this membership, and our guests, are to abide by all rules of entry, operation and conduct set out by The Board of Directors of Ridglea Swimming Pool Association Inc. I acknowledge the member privileges afforded by this membership are only for the use of the person(s) named hereon for the 2024 swim season, and are not transferable.

XSignature of Member _____ Date _____

OFFICE USE ONLY: Date _____ Amount Received _____ Ck# _____ Record _____ Pass _____ Guest Pass _____ Mem # _____
Roster _____