

RICKY TAYLOR MEMORIAL COMMUNITY
SWIMMING POOL
P.O. Box 624, Deltaville, VA. 23043-0624
MEMBERSHIP APPLICATION 2017

Full Member Name: _____

Complete Address: _____

E-Mail Address: _____

Home Phone Number: _____ Cell Phone _____

Full Spouse Name if applicable: _____

Spouse Cell Phone number if applicable: _____

TYPE OF MEMBERSHIP	TO BE PAID IN FULL
___ Family Membership New	\$350.00
___ Family Membership Renewal	\$250.00
___ Individual Membership New	\$250.00
___ Individual Membership Renewal	\$175.00
___ Senior Family Membership New (over 65)	\$275.00
___ Senior Family Membership Renewal (over 65)	\$175.00
___ Senior Individual Membership New	\$200.00
___ Senior Individual Membership Renewal	\$150.00

Amount Enclosed _____

Names of your children under age 21 that will use the pool:

Names of your grandchildren under age 21 that will use the pool _____

Make Checks payable to DCA-RTMCSP

Mail Application and Check to:

Jill Davis: Phone - 815-6923

16896 General Puller Highway, Deltaville, VA. 23043