

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

**MEMBERSHIP APPLICATION
2018**

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
___ New Family Membership	\$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 \$ _____

Family Member Guest Fee - \$ 5.00 per day

Non-Pool Member Guest Fee - \$ 8.00 per day

Names of your children that will use the pool:

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

Make checks payable to: DCA-RTMCSP and mail Application and Check to:

**Jill Davis
16896 General Puller Highway
Deltaville, VA. 23043
(804) 815-6923**