

# KINGS RIDGE SWIM CLUB MEMBERSHIP APPLICATION 2017

MEMBERSHIP INFO: [www.krswim.org](http://www.krswim.org) 703-323-1811 in-season      703-425-9172 off-season  
 Mailing Address: Kings Ridge Swim Club, P.O. Box 1123, Fairfax, VA 22038

Last Name:	Email:	Member #
Address:		City:
Home Phone:	Work Phone:	Zip:

**Adults (18 years or older) residing at the above address:**

Name (include last if different from above)	Cell

**Children residing at above address:**

Name (include last if different from above)	Age

**Special needs or additional relevant information:** \_\_\_\_\_

I CERTIFY that all members listed above maintain their primary residence at the address above. I also certify that I have been afforded an opportunity to review the pools operating rules and by-laws and have any questions or concerns discussed with a board member.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2017 Membership (Check):**     **Family - \$475**     **Couple\* - \$375**     **Individual - \$275**

\*A couple is defined as two adults at the same residence or a child and a parent/guardian from the same residence.

- Extras:**
- New Membership – deduct \$25 from chosen level
  - Guest pass card \$25
  - Donation Amount: \_\_\_\_\_

<b>Total</b> _____
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Please retain a copy of this document as proof of payment and to exercise your rights at membership meetings.

**Join by April 30, 2017 and receive a free guest pass, a \$30.00 value!**