

# *Lakeside Swim & Racquet Club*

P.O. Box 9614 Richmond, VA 23228

## Membership Renewal Form – 2012 Season

**Membership Type**

**Dues + Assessment Fee**

- |   |                      |
|---|----------------------|
| <input type="checkbox"/> Senior Single Membership (one person age 65 or older only)               | \$265 + \$50 = \$315 |
| <input type="checkbox"/> Senior Dual Membership (two adults—membership owner must be 65 or older) | \$315 + \$50 = \$365 |
| <input type="checkbox"/> Single Membership (one person only)                                      | \$285 + \$50 = \$335 |
| <input type="checkbox"/> Dual Membership (two adults or one adult/one child)                      | \$335 + \$50 = \$385 |
| <input type="checkbox"/> Family Membership (three or more immediate family members)               | \$380 + \$50 = \$430 |
| <input type="checkbox"/> Household Membership   | \$380 + \$50 = \$430 |
| <input type="checkbox"/> Tennis Membership  | \$215 + \$50 = \$265 |
| <input type="checkbox"/> Capital Campaign Contribution – Tennis (Future Improvements)             | \$ _____             |
| <input type="checkbox"/> Capital Campaign Contribution – B&G (Immediate Improvements)             | \$ _____             |

Total Amount Paid \$ \_\_\_\_\_

It is critical that you complete the information below so that we are able to post your payment accurately and update your membership information.

**Membership Owner Information (please print):**

First Name:	Last Name:
Date of Birth (required for Senior Membership):    /    /	Email:
Address:	Home Phone:
City, State, Zip:	Cell Phone:
Employer:	Work Phone:
Emergency Contact Name/Telephone:	

If you are renewing as Dual, Family, or Household membership, please complete the information below.

**Spouse/Other Adult Information (please print):**

First Name:	Last Name:
Cell Phone:	Email:
Employer:	Work Phone:

**Dependent Information (please print):**

First/Last Name	DOB	First/Last Name	DOB
	/ /		/ /
	/ /		/ /
	/ /		/ /

**Payment Information:** I understand that half of the amount owed for dues and fees to LSRC must accompany this application and that the balance must be paid no later than April 30, 2012. Payments received after April 30 will incur a \$30 late fee. **Access to the facility will not be granted until full payment has been received.** Payments can be made in the form of a check (payable to LSRC) or via credit card. There will be a \$10 service fee applied to all credit card transactions (even half payments) and a \$30 charge for all returned checks. Please contact Kim Barnes or Joey Gay at [golsrc@yahoo.com](mailto:golsrc@yahoo.com) regarding any questions or concerns.

Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	Amount:
Credit Card Number:	Code:
Signature:	Exp Date: