

New Membership Application – LSRC Full Facility, Swim and Tennis – 2017 Season

Mailing Address: P.O. Box 9614, Henrico, VA 23228-0614	Location: 2434 Swartwout Avenue, Henrico, VA
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I hereby apply for membership in the Lakeside Swim & Racquet Club (aka "LSRC") and understand that this application is for the people listed below residing in the same household. I am aware of, and will faithfully uphold and abide by the purposes, principles, rules, and By-Laws of LSRC, now and as hereafter duly adopted. I understand that the Board of Directors must approve me, and all others listed on this application, for membership as set forth by the LSRC By-Laws. I accept that LSRC is free to verify the information provided on this application. If the LSRC Board of Directors does not accept my application, all money received by LSRC for this membership will be refunded.

Applicant/Membership Owner Information (please print):

First Name:	Last Name:
Birthdate (mm/dd/yyyy format): / /	Email:
Street Addr:	Home Phone:
City/State/Zip:	Cell Phone:

Spouse/Other Adult Information (please print):

First Name:	Last Name:
Birthdate (mm/dd/yyyy format): / /	Cell Phone:
Email:	Other Phone:

Dependent Information (all dependents must reside in the applicant's household; birthdate(s) required, otherwise the dependent member will not be added to the membership; please print):

First Name & Last Name	Birth Date mm / dd / yyyy	First Name & Last Name	Birth Date mm / dd / yyyy

Emergency Contact, First Name, Last Name & Phone#:	How did you learn about LSRC?: <input type="checkbox"/> ck if via ValPak
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New Membership Full Facility, Dues & Fees, FY2017 Season:

Membership Level: please select the membership category appropriate for your membership.	Mbrshp Fee	Joining Fee*	Reduced Dues Fee	Assessment Fee	Total 1st Year Fees
<input type="radio"/> Dual (2 adults, or 1 adult/1 dependent child)	\$350 +	\$275 +	\$100 +	\$75 =	\$800
<input type="radio"/> Family (3 or more immediate family members)	\$350 +	\$325 +	\$100 +	\$75 =	\$850
<input type="radio"/> Household (2 adults + other qualifying members)	\$350 +	\$325 +	\$100 +	\$75 =	\$850
<input type="radio"/> Senior Dual (2 adults, mbrshp owner must be at least age 65)	\$350 +	\$175 +	\$50 +	\$75 =	\$650
<input type="radio"/> Senior Single (1 adult who is at least 65 yrs old)	\$350 +	\$75 +	\$50 +	\$75 =	\$550
<input type="radio"/> Single (1 adult membership owner)	\$350 +	\$75 +	\$100 +	\$75 =	\$600

*The one-time membership joining fee is non-refundable. **ENTER: Total Amount Paid for All Dues & Fees>**

Payment Information: At least 1/2 of the amount owed to LSRC for dues and fees must accompany this application, and the balance owed must be paid no later than 31 days from the date the application and first payment is received by LSRC. Access to the facility will not be granted until full payment has been received by LSRC. Payments can be made in the form of a check payable to LSRC, or cash (delivered directly to the Treasurer), or credit card via online request; a 3% fee applies to credit card transactions. There will be a \$30 charge for all returned checks. Please direct all inquiries to: goslrc@yahoo.com

<p>IMPORTANT: If you were referred by a current active LSRC member, please include the member's name and telephone number and check which type of credit the member wishes to receive: Member Name: _____</p> <p>Member Phone#: _____</p> <p>Member's Selection: <input type="radio"/> \$25 Referral Credit <input type="radio"/> Book of 10 guest passes (a \$50 value)</p>	<p>AMOUNT SUBMITTED BY APPLICANT: \$ _____</p> <p>Applicant's Signature: _____</p> <p>Application Date: _____</p> <p>For LSRC Use: Board Approval Date: _____ Amt Pd: \$ _____ Pay Method: _____ W/A ___ E/M notify ___ Apprvl List ___ CK-In List ___</p>
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