2021 DUES STATEMENT AND RENTAL PERMISSION FORM

**Please pay your dues now and we will refund them less the non-use fee if we are able to rent your share.**

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| --- | --- |
| **DUES: $575** | AVOID LATE FEE-PAY BY MARCH 5 |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **SHARE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **TENNIS KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

**1**. All members: please correct information above if there are any errors or changes.

**2**. Please complete appropriate items below. Make check for **$575** payable to Community Ventures, Inc. If postmarked ***after March 5*** pay **$625**. If postmarked ***after April 15*** pay **$650**. **Late fees strictly enforced**.

**3. A photo is only required if you did not email a photo last year. Please name the photo using your last name and share number and email to** [**gwomack@viennawoods.org**](mailto:gwomack@viennawoods.org) **if you do not have a recent photo on file.**

**4.** Mail in one envelope the Dues Statement, yellow medical form and payment to PO Box 33, Vienna, VA 22183.

**RENTAL PERMISSION:*****PLEASE RENT MY MEMBERSHIP FOR 2021*. ** Check here,

If we are able to rent your share for the 2021 season, we will refund dues less the $80 rental fee. Dues payment postmark will determine your place in line to rent your share.

**EMERGENCY PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (other than home phone - required by Fairfax County)

**CHILDREN LIVING IN HOUSEHOLD WITH YOU**: (**In-laws and grandchildren are NOT included**)

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| --- | --- | --- |
| **NAME** | **DAUGHTER/SON** | **BIRTH DATE** |
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| --- | --- |
| **CHILDCARE PROVIDER WHO WILL BRING CHILD TO POOL IN YOUR ABSENCE** | ***SEND PHOTO OF PERSON LISTED IF NOT PREVIOUSLY SUBMITTED*** |
| **NAME**: | **BIRTH DATE**: |

Please note above any health condition of which the staff should be aware. IMPORTANT: If any child listed above is under the age of 18 years, you must complete the Emergency Medical Authorization form (yellow). If you fail to do so you will not be allowed to leave your child/children unattended at the pool.

**CERTIFICATION: I CERTIFY THAT THE ABOVE IS AN ACCURATE STATEMENT OF THE DUES OWING TO VIENNA WOODS SWIM & TENNIS CLUB FOR 2021 AND THAT ALL PERSONS LISTED ARE PERMANENT MEMBERS OF MY HOUSEHOLD. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS GIVEN TO ME WHEN I PURCHASED MY MEMBERSHIP. *(Rules and regulations available on the club web page.)***

**SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (**Signature required for either dues or renting**)

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**