



SpringboardPool

2019 NEW MEMBER APPLICATION

SPRINGBOARD RECREATION CLUB, INC.

Please print all information.

Last Name _____ Pool No. _____

Street Address _____ City _____ ZIP _____

Telephone: Primary Daytime (____) ____ - ____ Primary Evening (____) ____ - ____

Alternate work/cell phone (____) ____ - ____

Email: _____ Alternate E-mail _____

CHECK MEMBERSHIP CATEGORY/PAYMENT PLAN:

Household ____ Couple ____ Single Person (18+) ____ Senior Couple ____ Single Senior ____ (seniors are 55 years of age or older)

_____ **PLAN A -- Early Payment Plan (Entire payment must be paid or postmarked on or before 2/15/2019)**

_____ **PLAN B -- Payments made after (2/15/2019)**

ENTER INFORMATION FOR INDIVIDUALS IN HOUSEHOLD:

Springboard by-laws define household members as “those members of the immediate household maintaining residence with the member and whose names and other forms of identification as required are on record with the club.” Adults are persons 18 years of age or older. Primary adults include the applicant, spouses, or other adult partner in the membership. **(For households with over 8 individuals, add \$20 per person.)**

| Last Name | First Name | Gender (M/F) | Primary Adult | Child | Other Adult | Date of Birth (month/year) |
|-----------|------------|--------------|---------------|-------|-------------|----------------------------|
| _____ | _____ | ____ | ____ | ____ | ____ | ____ / ____ |
| _____ | _____ | ____ | ____ | ____ | ____ | ____ / ____ |
| _____ | _____ | ____ | ____ | ____ | ____ | ____ / ____ |
| _____ | _____ | ____ | ____ | ____ | ____ | ____ / ____ |
| _____ | _____ | ____ | ____ | ____ | ____ | ____ / ____ |
| _____ | _____ | ____ | ____ | ____ | ____ | ____ / ____ |
| _____ | _____ | ____ | ____ | ____ | ____ | ____ / ____ |
| _____ | _____ | ____ | ____ | ____ | ____ | ____ / ____ |

Care Provider Pass Requested: Yes ____ No ____ if yes, full name _____ Gender ____

REFERRAL:

I was referred to Springboard by (member name) _____

If not referred by a current member, how did you learn about Springboard? _____

LOCAL EMERGENCY CONTACT:

Name _____ Relationship _____ Primary Telephone (____) ____ - ____

MEMBERSHIP AGREEMENT

I, the undersigned, hereby apply for membership in the Springboard Recreation Club, Inc. (SRC), a nonprofit membership Virginia Corporation formed to construct and operate a swimming pool, as well as other recreational facilities located at 6500 Deepford Street, Springfield, Virginia. As consideration for my acceptance as a member of said club I agree to pay the annual dues and service fees as established and assessed by the SRC Board of Directors. I, and the members of my household listed above, agree to abide by all rules, regulations and by-laws of the SRC, copies of which can be found at the pool and at www.springboardpool.net. After the season has begun, in no case will the Board of Directors refund dues that have been paid because of unexpected circumstances that may arise.

Signature _____ Date _____

Mail this application with your payment to SRC, Inc.; P.O. Box 151; Springfield, VA 22150. If submitting payment electronically, please email to springboardmembership@yahoo.com. Submission of payment will be taken as consent to membership agreement for electronically submitted forms.

----- (For Club Use Only) -----

Date Received and Accepted _____ **Assigned Membership #** _____