2023 DUES STATEMENT AND RENTAL PERMISSION FORM

***Can’t decide yet on renting? Pay your dues now and we will refund them if you decide later to rent.***

|  |  |
| --- | --- |
| **DUES: $695** | AVOID LATE FEE-PAY BY MARCH 5 |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **SHARE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **TENNIS KEY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

**1**. All members: please complete information above.

**2**. If paying dues, complete appropriate items below. Make check for **$695** payable to Community Ventures, Inc. If postmarked ***after March 5*** pay **$745**. If postmarked ***after April 15*** pay **$770**. **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.

**RENTAL PERMISSION:*****PLEASE RENT MY MEMBERSHIP FOR 2023.* ** Check here, enclose $**100** rental fee and sign form at bottom. Mail to P.O. Box 33, Vienna VA 22183. **Late fees apply ($150 to rent share after March 5th and $175 to rent share after April 15th)**.

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

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

|  |  |  |
| --- | --- | --- |
| **NAME** | **DAUGHTER/SON** | **BIRTH DATE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **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 2023 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**