



ROCKY LEDGE SWIMMING ASSOCIATION, INC.

Mailing: P.O Box 426 • White Plains, NY 10603
Address: 1402 Old Orchard Street • White Plains, NY 10604
www.rockyledgeswimmingassn.com

Associate Membership 2017

Member's Name (last, first) _____ Spouse _____
Address: _____ City _____ Zip _____

Telephone: Home: _____ Cell _____ email _____

Please list Junior Members. A Junior Member is a dependent child of an active member 23 years of age or younger:

Name	Date of Birth	Name	Date of Birth

Family (up to four) *	\$695
Additional Adult	\$100
Additional Child	\$ 50

****NY State Tax of 7.375% Must Be Included****

695+tax(7.375%)	\$746.26
-----------------	----------

* Family two parents, two children as defined Junior Member)
For Office Use.

Total Amount: _____

Choose one: Visa Mastercard

Credit Card Fee is 2.57%

Date Rec'd. _____

Credit Card No. _____

Cash/Ck _____

Exp. Date: _____

CCV Code: _____

ALL PAYMENTS ARE FINAL- NO REFUNDS OR EXCHANGES