



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

2017 Associate Member Application

APPLICATION: Please complete the below application and 1) email it to rockyledgerachel@gmail.com or 2) mail it with applicable amount by check made payable to "Rocky Ledge Swimming Association" to the post office address above.

PAYMENT: Payment may be made by credit card (for an additional \$10 processing fee) or by check (as per above). If paying by credit card, enter the card information below. This information will not be kept on file.

NOTE: All payments are FINAL; NO REFUND OR EXCHANGES.

2017 Rates (Exclusive of NYS Sales Tax of 7.375%)

Family \$600 - Up to two parents and up to two children who are Junior Members as defined below.	Additional Adult \$100 - Over 23 years of age residing in the same household, 18 years of age or over au pair, or an adult babysitter.	Additional Child \$50 - A child who is a Junior Member as defined below.
--	--	--

Member and Family Information

Member's Name (Last, First) _____

Spouse (Last, First) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Email _____

Please list **Junior Members** included in Family of up to Four. A Junior Member is a dependent child of an active member 2 to 23 years of age. Children under 2 as of the season's opening day (May 27, 2017) are free.

Name	Date of Birth	Name	Date of Birth
-------------	----------------------	-------------	----------------------

List any additional individuals and provide date of birth if a Junior Member. Use an additional sheet if necessary.

Name	Date of Birth	Name	Date of Birth
-------------	----------------------	-------------	----------------------

Credit Card Information (\$10 Fee)

CC No.: _____

Check One: Visa Mastercard

Exp. Date: _____ CCV Code: _____

For Office Use: _____ NOTES: _____

Total Amount: _____

Date Rec'd.: _____

Cash/Ck: _____

Application Fee Due

TYPE	RATE	NUMBER	TOTAL AMOUNT
Family	\$644.25	1	\$644.25
Child	\$ 53.69	_____	_____
Adult	\$107.38	_____	_____
CC Fee	\$ 10.00	1	
TOTAL DUE TO ROCKY LEDGE			