



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

2018 Bondholder Invoice

Bond Holder No. _____

Please complete the below 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 4% 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. **For payments after April 1, there is a \$50 fee.**

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

2018 Rates (Plus NYS Sales Tax of 7.375%)

Family (Up to 4) \$725 (\$778.47 w/tax) - Up to two parents and up to two children who are Junior Members as defined below.	Additional Adult \$100 (\$107.38 w/tax) - Over 23 years of age residing in the same household, 18 years of age or over au pair, or an adult babysitter.	Additional Child \$75 (\$80.53 w/tax) - A child who is a Junior Member as defined below.	Senior \$400 (\$429.50 w/tax) Senior Couple \$600 (\$644.25 w/tax) - Individuals who are age 62 or over by opening day
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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
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List any additional individuals and include DOB if a Junior Member. Use an additional sheet if necessary.

Name	Date of Birth	Name	Date of Birth
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Credit Card Information (+4% Fee)
CC No.: _____
Check One: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Exp. Date: _____ CCV Code: _____
For Office Use: Total Amount: _____ Date Rec'd.: _____ Cash/Ck: _____ NOTES: _____

Application Fee Due			
TYPE	RATE	NUMBER	TOTAL
Family OR Senior OR 2 Seniors	\$778.47 \$429.50 \$644.25	1	_____
Child	\$ 80.53	_____	_____
Adult	\$107.38	_____	_____
CC Fee (if Applicable)	\$4% of Subtotal	Subtotal	_____
Post 4/1 Fee	\$50	1	_____
TOTAL DUE TO ROCKY LEDGE			_____