



# 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](http://www.rockyledgeswimmingassn.com)

Family No. \_\_\_\_\_

## 2018 New Member Application

**APPLICATION:** Please complete the below application and 1) email it to [rockyledgerachel@gmail.com](mailto: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.

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

### 2018 Rates (Plus NYS Sales Tax of 7.375%)

Family	Additional Adult	Additional Child
<b>\$600</b> (644.25 w/tax)	<b>\$100</b> (107.38 w/tax)	<b>\$75</b> (80.53 w/tax)
- Up to two parents and up to two children who are Junior Members as defined below.	- Over 23 years of age residing in the same household, 18 years of age or over au pair, or an adult babysitter.	- 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 26, 2018) are free.

<b>Name</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Date of Birth</b>
_____	_____	_____	_____

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

<b>Name</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Date of Birth</b>
_____	_____	_____	_____

#### Credit Card Information (+4% Fee)

CC No.: \_\_\_\_\_  
 Check One:  Visa  Mastercard  
 Exp. Date: \_\_\_\_\_ CCV Code: \_\_\_\_\_

For Office Use:  
 Total Amount: \_\_\_\_\_  
 Date Rec'd.: \_\_\_\_\_  
 Cash/Ck: \_\_\_\_\_

NOTES:

#### Application Fee Due

TYPE	RATE	NUMBER	TOTAL
Family	\$644.25	1	\$644.25
Child	\$ 80.53	_____	_____
Adult	\$107.38	_____	_____
CC Fee	\$4% of Subtotal	Subtotal 1	_____
<b>TOTAL DUE TO ROCKY LEDGE</b>			_____