



# 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)

## 2018 Bondholder Invoice

Bond Holder No. \_\_\_\_\_

Please complete the below 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. **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%)

<b>Family</b> <b>(Up to 4)</b> <b>\$725</b> (\$778.47 w/tax) - Up to two parents and up to two children who are Junior Members as defined below.	<b>Additional Adult</b> <b>\$100</b> (\$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.	<b>Additional Child</b> <b>\$75</b> (\$80.53 w/tax) - A child who is a Junior Member as defined below.	<b>Senior \$400</b> (\$429.50 w/tax) <b>Senior Couple \$600</b> (\$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, 2018) are free.

<b>Name</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Date of Birth</b>
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List any additional individuals and include DOB 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>
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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: _____
<b>For Office Use:</b> 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	_____
<b>TOTAL DUE TO ROCKY LEDGE</b>			_____