Hillandale Swim and Tennis Association (HSTA)

2020 Swim Season MEMBERSHIP FORM

MEMBERSHIP FORM For more information, please visit www.hillandalepool.com/forms Name: Address: E-Mail: ______@_ E-Mail: _______ @ ______Phone: _______ Phone: ______ Immediate Family Members Names (family memberships only, includes spouse and children): FIRST NAME LAST NAME _____Swim team member? _____If Yes, Age_____ 2. ______Swim team member? _____If Yes, Age_____ Swim team member? _____If Yes, Age_____ 4.______ Swim team member? _____ If Yes, Age_____ ___ Swim team member? _____ If Yes, Age_____ If your children are interested in joining the swim team, please contact Julie Dietrich at juliesdietrich@gmail.com or visit http://www.hillandalepool.com/swim-team. Pool membership is required to be a member of the swim team. Membership Category # of Persons Fee One Adult + child/children \$470 Family Membership A family membership shall consist of one (1) or two (2) adults with a child or children living in the Two Adults + child/children \$530 household during the Association's open season. \$370 One Person (base fee) **Household Membership** \$470 Two People A household membership shall consist of all persons residing in a household regardless of age or familial relationship. Three People \$500 Fees for household membership shall be a base membership fee for one person \$530 Four People living in the household with an additional fee for each additional person living in that household. Each additional person + \$30 each \$234 **Legacy Membership** One Person A legacy membership shall be open to all members of the Association in Two People \$334 good standing who have been active members of the Association for a minimum of ten (10) years and who have no children under the age of twenty-three (23) residing in such member's household. Applications for such membership are subject to approval by the Executive Board. Payment due no later than June 1, 2020 **TOTAL** 2020 Swim Dues Please make appropriate changes if your membership status has changed • NEW MEMBER* \$100 DISCOUNT (\$ Donation to HSTA \$ **Total** Including All Items *Members can only be considered "new members" if they have not previously joined the pool at ANY point in time. A late fee of \$50 will be added after June 8, 2020 Payment Information: Payment method: Send payment and form to:
HSTA, c/o Suzanne Voelker Check: Make checks payable to HSTA. Check # Credit card (enter information below) OR make your payment with PayPal online at HSTA, c/o Suzanne Voelker 10119 Riggs Road, Adelphi, MD 20783 www.hillandalepool.com/forms. Credit transactions assessed \$15 processing fee per transaction. Credit Card number _____ Expiration Date: _____ Signature: _____

Questions? Email HSTAmembership@gmail.com or call 301-744-9484



How did you hear about us?_____

Hillandalepool Website hillandalepool.com