Hillandale Swim and Tennis Association (HSTA)

2021 Membership Form

ame:					
ddress:					
	ail 1: Email 2:				
	Phone 2:				
mergency contact name:					
nmediate Family Members Names (fami	ly memberships only, includes				
_	AST NAME	Continue 4		IE V	
		eam member?			
		Swim t	eam member?		
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your children are interested in joining t tp://www.hillandalepool.com/swim-te		_			sit
Membership Ca	tegory	# of P	ersons	D	ue Fee
Family Membership		One Adult + child	/children	\$485	
A family membership shall consist of one (1 children living in the household during the A	, ,	Two Adults + chil	d/children	\$545	
Household Membership		One Person (base	e fee)	\$385	
A household membership shall consist of all persons residing in a household		Two People		\$485	
regardless of age or familial relationship.	G	Three People		\$515	
Fees for household membership shall be a base membership fee for one person living in the household with an additional fee for each additional person living in that household.				\$545	
		Four People	orcon	-	
		Each additional p	erson	+ \$30 each	
Legacy Membership A legacy membership shall be open to all members of the Association in 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.		One Person		\$245 \$345	
		Two People		,	
Off-season court membership for the 202	1-2022. This gives you access to c	our new tennis and pi	ckleball courts from	\$100	
Labor Day 2021Memorial Day 2022.				·	
Our pool is run completely by volunteer m				\$100	
time or make a donation so we can contin choice: Clean up Days: Saturday, April 1			one by circling your 100 donation		
Payment due no later tha	n May 29, 2021			TOTAL	PAID
Please make appropriate changes if your membership status has changed		2021 Swim Dues		\$	
		NEW MEMBER	* \$50 DISCOUNT	(\$)
		Donation to HS		\$	
		Total Including A		\$	
*Members can only be considered "new mer	nbers" if they have not previously id			ı 	
	A late fee of \$50 will be adde				
Payment Information:	Payment method:				
Send payment and form to:	Check: Make checks payable	to HSTA. Check#			
ISTA, c/o Suzanne Voelker	Credit card (enter informatio		our payment with P	ayPal onlin	ne at
.0119 Riggs Road, Adelphi, MD 20783	www.hillandalepool.com/for	andalepool.com/forms.			
	Credit transactions assessed		er transaction.		
		0.8.44	Expiration Date		
Credit Card number		CVV#	LXPII ation Date		
Credit Card number					



Website hillandalepool.com