

# BURKE STATION SWIM CLUB 2017 POOL REGISTRATION FORM

For the purposes of the BSSC pool membership form, a family household is generally defined as up to two parents and their dependents. Each person listed for membership must reside in the same household. Please list additional surnames that are associated with this membership. Proof of residence and household status will be required. We also offer single and couple memberships. **Applicants must have at least one person over the age of 18 to qualify for membership.** Discounts are available on single & couple memberships for seniors 62 years and over. An Early Bird discount of \$25 applies to COMPLETE membership applications received this year prior to April 18<sup>th</sup>, 2017. Membership Cards for each family member will be available on Opening Day. Please pick them up from the pool house on or after that day.

MEMBER INFORMATION	Complete this section( Please PRINT legibly)	
<b>Family Name</b> (Please list all last names that are associated with this membership)		
<b>Complete Address</b> <input type="checkbox"/> BSCA Resident or Member <input type="checkbox"/> Non-BSCA	Street Address	
	City, State, Zip	
<b>Home Phone</b>		
<b>Additional Phone Numbers (in case of pool emergencies)</b>	Work	Cell
<b>Email Address(es)</b> (Please PRINT clearly)		

MEMBERSHIP COST CALCULATOR (ALL checks should be payable to BSCA)				
Base Membership Rate	Family \$450	Couple \$375	Single \$250	
BSCA Member Discount (subtract \$25, if applicable)				-
Senior Discount (subtract 25% from Couple or Single rate, if 62 or older)				-
Early Bird discount (subtract \$25, if submitted before 4/18/2017)				-
Seasonal Childcare/Sitter Fee (add \$100/person for 2017 season)				+
Pre-purchased Guest Pass Cards (add \$20 for each 5 visit card)				+
<b>TOTAL 2017 MEMEBERSHIP FEE DUE (checks only, to BSCA)</b>				

By signing below I agree that I and all other Members listed will abide by all Pool Rules, Regulations And Bylaws duly enacted by BSCA for the benefit and welfare of its Members and to pay all dues and designated fees. Failure to do so can result in revocation of membership with no refunds.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

Mail this COMPLETE 2 page registration form, including picture, with your personal check, payable to BSCA, to the address below. After Opening Day, please bring this completed form and payment to the front desk at the swim club.

Date Received: \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

**BSCA, P.O. BOX 122, BURKE, VA 22009-0122**

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Please print each members name below (as they should appear on individual membership cards), with birth dates and relationship. If additional space is needed to list dependents, email BSSC Membership at [burkestationswimclub@ymail.com](mailto:burkestationswimclub@ymail.com) for instructions. **Proof of residence and household status is required.**

FULL NAME	DATE OF BIRTH	RELATIONSHIP
Adult:		
Adult:		

- Please check this box if you are a NEW BSSC Member.
- Please check this box if you are a RETURNING BSSC Member.
- Please check this box if you are adding new information or any information has changed.
- Please check this box if you turned in your 2016 Membership cards to be updated.

Attach a current family or individual photo(s) for every Member listed on this registration form

**HERE**

- Did you include a recent photo(s)?
- Did you sign your registration form?
- Did you include your signed personal check, payable to BSCA?