***AUGUST SPECIAL 2018 NEW MEMBERSHIP APPLICATION CHESTNUT OAKS RECREATION ASSOCIATION P. O. BOX 70464 RICHMOND, VA 23255-0464

Name:	Date	2:
Name:(Party responsible for Pay	ment)	
Occupation:	Work or Cell Phone:	W (
Snouse's Name:		Circle on
	Work or Cell Phone:	vv
Home Address:(Street Address)	(City/State)	(7:n)
		(Zip)
Home Phone:	EMAIL* mportant to inform members of pool closings, CO	RA events etc.)
DEPENDENT(S)/NON-DEPENDENT(S) wi egal guardian(s) for income tax purposes and	ithin household: A dependent is one who is claim lives within the same household. Proof of address.	ned as a dependent by parent(s) or s may be required.
Name	Relationship	DOB
Name	Relationship	DOR
Name	Relationshin	DOR
	reactionsmp	
	Relationship	
NameEMERGENCY CONTACT (required):		DOB
EMERGENCY CONTACT (required): By joining the pool for the 2018 season \$450. The initiation fee is the same residency), you must ADD \$75/person season thereafter that you may claim uncle, niece, nephew, etc. MUST MEET couples membership!	Relationship PHO on beginning July 28 th , 2018, you will on regardless if it is for a couples or family dd a non-dependent household member n to your annual dues beginning with the the non-dependent household member T CRITERIA! **This ONLY applies to a F.	DOBONE:
EMERGENCY CONTACT (required): By joining the pool for the 2018 seasons and the remainder 2018 seasons. To accresidency), you must ADD \$75/persons as the reafter that you may claim ancle, niece, nephew, etc. MUST MEET couples membership! We are happy to announce that our pools as 9th and 15th & 16th from Noon-6pm When the annual dues are mailed-out.	Relationship PHO on beginning July 28 th , 2018, you will or regardless if it is for a couples or family dd a non-dependent household member n to your annual dues beginning with the non-dependent household member T CRITERIA! **This ONLY applies to a F. I will be open the weekends (Saturday & St. These two weekends only! It for the 2019 season, you will only be re-	DOB
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DATE: _____

corporation.

SIGNATURE: _