

**APPLICATION FOR MEMBERSHIP**  
**SCOTTSVILLE RECREATION, INC.**  
**P.O. BOX 204**  
**SCOTTSVILLE, VIRGINIA 24590**

**Person** \_\_\_\_\_ **Date** \_\_\_\_\_

The undersigned hereby makes application for membership with SCOTTSVILLE RECREATION, INC. and agrees to abide by the by-laws, rules and regulations. The application, if approved for membership, further agrees to make payment of the membership fee and annual dues as follows:

**(CHECK ONE)**

- \$300 membership fee** full amount when billed by treasurer or  
 **\$100 down payment** plus \$100 annually until paid in full.

**Class I-Single Membership-\$225.00.** Annual dues to be paid upon acceptance and each year when billed by the treasurer.

**Class II-Family Membership-\$350.00.** Annual dues to be paid upon acceptance and each year when billed by the treasurer.

**Volunteer or Buy Out: (Choose One)**

- Three (3) hours volunteer service during pool work day(s).**  
 **\$65 buy out (for one season).**

***Waiver: I declare that the information I have given is true and correct. I acknowledge and agree that Scottsville Recreation Inc., (hereinafter known as SRI) shall not be subject to any claim demand, action, or cause of action whatsoever and I understand and accept the risks and known dangers and certify that I have voluntarily elected to participate in a water-related or exercise activity or any SRI related activity. I hereby release to the full extent of the permitted law SRI and/or their employees agents and board of directors from all claims and demands with agents. I wholly indemnify SRI from and against any actions, suits, costs, damages, and expenses to which SRI is, or may be liable.***

APPLICANT(S) FULL NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ LIVED IN AREA: \_\_\_\_\_ YEAR(S)

EMAIL ADDRESS: \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_ DATE: \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

**Other family members in household**

Full name	Relationship	Birthdate

**It is understood by the person(s) constituting this membership that they are obligated to volunteer their labor on workdays (or pay the buy out fee of \$65.00), to serve on committees and support endeavors of this nonprofit organization, which is totally owned and supported by its members.**

Applicants must be sponsored by four members of Scottsville Recreation, Inc., who have current dues paid. Please see Treasurer or President if you need assistance with sponsors.

<b>Sponsors' Signatures</b>	<b>Telephone</b>	<b>Date</b>

**Treasurer bills applicant(s) and post their names upon receipt of payment.**

() Approved By Board Of Directors Date: \_\_\_\_\_

Signed: \_\_\_\_\_

() Rejected By Board Of Directors Date: \_\_\_\_\_

Signed: \_\_\_\_\_