

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.

Sponsors' Signatures	Telephone	Date

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: _____