Parklawn Recreation Associ	iation New Membership App	lication 2018
	vw.parklawnpool.org	
Last Name(s):		
Address:		
Home Phone:	Name/Cell Phone 1:	
Name/Cell Phone 2:	Name/Cell Phone 3:	
Name/Work Phone 1:	Name/Work Phone 2:	
All persons on membership form must reside at the address	 s above. Please list all people on the memb te and age including all children despite ag	
Name / Age		Birthdate XX/XX/XXXX
1)		Distribute Flag Flag Flag El
2)		
3)		
4)		
5)		
6)		
We mainly communicate with our members through email.	Please list all email addresses you would li	ke to receive PRA info from regarding
updates, invitations, alerts on Name/Email 1:	etc. Please crosswalk emails to members or	n form
Name/Email 2:		
Name/Email 3:		
Membership Category (children ages	3 & under are "free")	New Member Rate
Family Membership (up to 6 members)		\$475
Each Additional Member		\$25 each
Couple or Two-Person Membership		\$325
Single Membership		\$230
Single Senior (65+)		\$200
Senior Couple (65+)		\$295
This is a (circle one) Family - Couple - Single - Single	Senior - Senior Couple Membership	\$
Additional Family members - \$25 x		\$
The BOD extended the pool schedule two weekends in 2018 to mid-September. Please support this extension by making a small donation. \$25 is the recommended amount.		\$
TOTAL SUBMITTED		\$

Return this form to: PRA, PO Box 11162, Alexandria, VA 22312-1162. Include check payable to PRA or visit www.parklawnpool.org to pay by credit card. Your membership is not complete until we receive your application and payment.

Additional Members of Household		
	Name / Age	Birthdate XX/XX/XXXX
7)		
8)		
9)		
10)		
11)		
12)		

With the membership categories in this form, you will become a voting member of PRA with all the rights and responsibilities associated with being a member of PRA. A copy of the by-laws and rules can be found on the PRA website: www.parklawnpool.org