

Twinbrook Swimming Pool
 13027 Atlantic Avenue, Rockville
 http://www.twinbrookpool.org

Mailing Address
 Twinbrook Swimming Pool
 P.O. Box 705
 Rockville, MD 20848

**2010 Roommate
 Membership Application**

Roommate Membership Description

- 3 or 4 adults (all over 18) sharing a residence
- Additional dependent children are \$35 for summer members/\$25 for certificate members – *(contact TSP board for application addendum)*
- Additional adult in-residence are (\$100 for summer members/\$85 for certificate members – *(contact TSP board for application addendum)*)

Base Price: \$575

Certificate Member Discount

Are you a certificate owner?	-\$100
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Early Bird Discount

Will payment be received or postmarked on or before March 30 th ?	-\$50
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Additional Discounts (*you may circle only one!*)

Will you be a first year member? * (If referred by another member, please list name _____)	-\$200
Will you be a second year member? **	-\$100
Are you Active Military?	-\$50
Are you Police/Firefighter/EMT?	-\$50
Are you 62 or over?	-\$50

* *First year member is any person who is joining in 2010, but has not been a member in the past three years (2007, 2008 and 2009).*

** *Second year member is any person who was a member in 2009, but was not a member in the three years prior to that (2006, 2007 and 2008).*

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2010 Roommate Membership

Address _____

City, State, Zip _____

Applicant #1 Information

Last Name _____ First Name _____

Phone _____ Work Phone _____

E-mail(s) _____

Applicant #2 Information (must share residence with Applicant #1)

Last Name _____ First Name _____

Phone _____ Work Phone _____

E-mail(s) _____

Applicant #3 Information (must share residence with Applicant #1)

Last Name _____ First Name _____

Phone _____ Work Phone _____

E-mail(s) _____

Applicant #4 Information (must share residence with Applicant #1)

Last Name _____ First Name _____

Phone _____ Work Phone _____

E-mail(s) _____

Certificate Number or Summer Membership Number (*if known*) _____

LIABILITY WAIVER/HOLD HARMLESS AGREEMENT

By signing below I agree that I am voluntarily participating in activities and use of facilities and premises (including the parking lot) and assume all risk of injury, illness, damage or loss to me, my guests, or to my property. I further agree that I shall hold this club, its directors, and agents harmless from any and all loss, claims, injury, damages or liability.

Compute Cost (fill in eligible discounts)

Original Price	\$575
Certificate Member Discount	
Early Bird Discount	
Additional Discount	
Actual Price*	

**If paid using credit card online, please attach copy of receipt*

Sign below and return form and check, made payable to Twinbrook Swimming Pool, P.O. Box 705, Rockville, MD 20848. If paid using credit card online, please attach a copy of the online receipt.

All names below agree to abide by the rules stated by Twinbrook Swimming Pool. Signers verify that all information supplied on this application is correct.

Print Name 1 Signature _____ Date _____

Print Name 2 Signature _____ Date _____

Print Name 3 Signature _____ Date _____

Print Name 4 Signature _____ Date _____