

# Twinbrook Swimming Pool 2018 Membership Application

13027 Atlantic Avenue, Rockville, MD 20852 | Mailing Address: P.O. Box 705, Rockville, MD 20848

www.twinbrookswimmingpool.org

<b>MEMBERSHIP OPTIONS (check one):</b> <i>Membership type may not be changed to a lesser choice once season has begun</i>	<b>RATE</b>	<b>COST</b>
<b>Family Membership</b> Maximum of two adults; no more than seven people total living in the same household. Additional dependent costs: Children – \$50 summer members, \$40 Certificate members; additional live-in adults – \$125 summer members, \$100 Certificate members.	<b>\$10.08 per family per day</b>	<b>\$605</b> _____
<b>Roommate Membership</b> Family membership pricing. No more than four adults living in the same residence	<b>\$10.08 per group per day</b>	<b>\$605</b> _____
<b>Couple Membership</b> Two persons in the same residence	<b>\$7.75 per couple per day</b>	<b>\$465</b> _____
<b>Single Membership</b> One person	<b>\$5.67 per day</b>	<b>\$345</b> _____
<b>Limited Membership</b> Limited memberships (\$68 + entry fees) may be purchased by families, roommates, couples, or singles. Includes ten entries (one entry per person). Additional entries may be purchased in blocks of five for \$40, which may be used to bring guests.	<b>\$8 per visit after initial 10 visits</b>	<b>\$128</b> _____
<b>Certificate Maintenance Fee</b> Does not include swim privileges. Maintains voting rights and standing certificate by the By-Laws	N/A	<b>\$345</b> _____

\*\* Average cost based on 60 visits out of the 101-day swim season \*\*

\*\* Payments may be spread over off season with total due by pool opening \*\*

**New Member Special: New members joining with a Family Membership receive a special price of \$450**

\*\* New members are those that have not been a pool member in the past 3 years. \_\_\_\_\_

**Prepay your guest passes:**

**No. of passes \_\_\_\_\_ × \$6/summer and \$4/certificate member = \_\_\_\_\_**

**Certificate Members provided 10 guest passes for 2018 Season (do not carry over to 2019)**

**Complete service hours prior to opening day for a discount as follows:**

- **Family or roommates completing eight hours = discount of \$80** \_\_\_\_\_
- **Couple completing four hours = discount of \$40** \_\_\_\_\_
- **Single completing two hours = discount of \$20** \_\_\_\_\_

\*\* See back page for explanation of service hours. Must be confirmed by BoD Member.

\*\* Not applicable for New or Limited members.

**TOTAL PAYMENT:** \_\_\_\_\_

**\*\* Membership is not finalized until all items checked by BoD Member \*\***

Payment: Cash Amount \_\_\_\_\_

Check number(s) and Amount(s) \_\_\_\_\_

**Service hours are required to help offset the operating cost and are required before the season opening for a reduction of your membership fee.**

- Members can cut grass, work in the office, paint, etc., to help keep the pool running at a lower cost for everyone. Information about hours is provided on the website, Facebook and through emails to members.

**Requirements for the discount must be a total of:**

- Eight hours for Family or Roommate Memberships, four hours for Couple Memberships, two hours for Single or Limited Memberships.

## **Twinbrook Swimming Pool 2018 Membership Application**

### **PRIMARY CONTACT**

<b>Last Name</b>	
<b>First Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	

### **ADDITIONAL MEMBERS**

NAME	RELATIONSHIP TO PRIMARY CONTACT	AGE

*Make checks payable to Twinbrook Swimming Pool.  
Credit Card Payments accepted. To make a payment, see a Board Member.*

### **Liability Waiver/Hold Harmless Agreement:**

*By signing below, I agree that all members of my household are voluntarily participating in activities and use of facilities and premises (including parking lot) and assume all risk of injury, illness, damage or loss to me, my household members, and guest to TSP property. I further agree that I shall hold Twinbrook Swimming Pool, its directors, and agents harmless from any and all loss, claims, injury, damage or liability. All named members agree to abide by the rules stated by Twinbrook Swimming Pool. Signer verifies that they have read and understood all details of this form and that all information supplied on this application is correct.*

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of BOD member \_\_\_\_\_ Date \_\_\_\_\_