## BEULAH RECREATION ASSOCIATION, Inc. P. O. Box 37324 North Chesterfield, Virginia 23234 Beulahpool.com

MEMBERSHIP REGISTRATION 2024. Please complete this form and return it with appropriate payment to the above address. Any payment received after April 01, 2024, will incur a \$50 late fee. Please note that a \$35 service charge will apply to payments returned, for any reason, by the issuing financial institution. For questions, please contact KRISTEN BENNETT at beulahmembership@yahoo.com. NO REFUNDS AFTER JUNE 01, 2024.

## **MEMBERSHIP TYPES**

- **First Time Membership \$200 Registration Fee** (One time, non-refundable). This fee applies to all membership levels and must be submitted with this form (financing not available).
- **D** Returning Membership–No registration fee required if an active member since 2021.

## MEMBERSHIP LEVELS

- **\$445 FAMILY** Head of household and spouse/domestic partner, if any, with all dependent children who can be claimed as an exemption on federal taxes (verification may be requested). Non-Refundable after 6/1
- **\$405 COUPLE** One adult and one spouse/domestic partner residing at the same address with no dependent children. Non-Refundable after 6/1.
- **\$360 LIMITED FAMILY** One adult and one dependent child under 18 years old. Non-Refundable after 6/1.
- **\$290 SINGLE** One individual 18 years or older. Non-Refundable after 6/1.

## MEMBER INFORMATION

DEPENDENT #4 \_\_\_\_\_ DEPENDENT #5 \_\_\_\_\_

MEMBERSHIP #:			
MEMBER PROFILE			
NAME:			DOB:
SPOUSE/PARTNER:			DOB:
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE #:	EMAIL:		
EMAIL ONLY)			(COMMUNICATIONS ARE SENT VIA
DEPENDENT #1			
DEPENDENT #3			

ADD ON MEMBERSHIP PROFILE

ALL ADD ON MEMBERSHIPS AR	E SUBJECT TO BOARD APPROVAL.	CERTAIN RESTRICTIONS MAY APPLY.
(ALL AI	DD MEMBERSHIPS ARE \$150.00 PE	R PERSON)
ADD ON MEMBER #1		
Name:	DOB:	
Address:		
City:	State:	Phone:
ADD ON MEMBER #2		
Name:	DOB:	
Address:		
City:	State:	Phone:
ADD ON MEMBER #3		
Name:	DOB:	
Address:		
City:	State:	Phone:
	DERSTAND BEULAH RECREATION A NY FEE IS UNPAID. I AGREE TO PAY ITION FOR ANY REASON. I AGREE DABLE AFTER JUNE 1, 2020. IF MY	SSOCIATION, INC. HAS THE RIGHT TO
Signature:	Date:	