

2010 CHESTNUT OAKS RECREATION ASSOCIATION MEMBERSHIP UPDATE

ADULT PRIMARY MEMBER(S):

Last Name _____ First Name _____

Occupation _____ Work or Cell Phone _____ W C
Circle one

Last Name _____ First Name _____

Occupation _____ Work or Cell Phone _____ W C
Circle one

DEPENDENT(S) in household: *A dependent is one who is claimed as a dependent by parent(s) or legal guardian(s) for income tax purposes and lives in the same household. Proof of address may be required.*

First/Last Name _____ Relationship _____ DOB _____

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First/Last Name _____ Relationship _____ DOB _____

First/Last Name _____ Relationship _____ DOB _____

STREET ADDRESS _____

CITY/ZIP CODE _____ **HOME PHONE** _____

EMAIL* _____

(*Please print clearly. E-mail addresses are important to inform members of pool closings, CORA events, etc.)

EMERGENCY CONTACT _____ **PHONE** _____

(Required – provide name other than primary member(s))

Check here if you would like to purchase a Guest Card for the season. Each card is \$35 for 10 guest visits, a savings of up to \$15. Cards are in the family's name and remain on file at the pool. They are also available for sale at the gate.

AMOUNT PAID: Postmarked on or by 5/1/10: _____ \$375 _____ \$410 w/Guest Card
Postmarked from 5/2 – 5/28/10: _____ \$400 _____ \$435 w/Guest Card
Postmarked after 5/28/10: _____ \$425 _____ \$460 w/Guest Card

____ Please include my family in the CORA directory.

____ Please DO NOT include my family in the CORA directory.

I would like someone to contact me with information about the following:

Tennis Team _____ Tennis Lessons _____ Swim Team _____ Swim Lessons _____

I am interested in volunteering some time to help out in one or more of CORA's following activities:

Tennis _____ Swim _____ Socials _____ Operations/Grounds _____ Board Member _____

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY & RETURN WITH PAYMENT OF ANNUAL DUES TO: C.O.R.A. P.O. Box 70464 Richmond, VA 23255-0464

*~Remember to pay or postmark by **May 1, 2010** to receive lowest rate~*