

WALDEN GLEN SWIM & RACQUET CLUB, INC.
MEMBERSHIP APPLICATION

Family Name: _____ **Home Phone:** _____

Address (include city and zip): _____

Email: _____ **cell phone** _____

Emergency Contact and Phone: _____

Adult Members (over 18 years of age): _____

<u>Children</u>	<u>Date of Birth</u>	<u>Children</u>	<u>Date of Birth</u>

Daycare Provider: _____ **Phone:** _____

(If non-member, please add \$75 for seasonal guest fee)

Seasonal Guests: _____

(person temporarily living in the house of a guest, please add \$75 for seasonal guest fee)

FEES:		<u>Until June 15, 2009</u>
Membership Fee (non-refundable, non-transferable)	\$100.00	\$ 1.00
Family membership annual dues*	\$275.00	\$275.00
Annual Maintenance Fee**	\$ 85.00	\$ 85.00
TOTAL	\$460.00	\$361.00

* Individual adult membership annual dues is \$140

**\$75.00 of the annual maintenance fee is completely refundable to members contributing at least 4 hours of labor during officially designated work days.

Please mail application and check payable to 'Walden Glen' to
Walden Glen Swim & Racquet Club, c/o membership, PO Box 2452, Springfield, VA 22152

I certify that the individuals listed above are members of my household living at the above principle address.

Signed _____ Date _____

How did you hear about us? _____

Referred by: _____

If you have any question regarding Walden Glen membership or this application, please call our Membership number at 703-944-3264

Walden Glen Swim and Racquet Club publishes a yearly membership directory, distributed to members only.

Please check the box if you **DO NOT** want your information included in our directory.

Please check the box if you **DO NOT** want a copy of the directory.