

TUCKAHOE VILLAGE WEST RECREATION ASSOCIATION (TVWRA) 2008 Application
P. O. Box 29204, Richmond, VA 23242

Family Last Name: _____ Home Phone: _____
 Full Address: _____ Zip: _____ Mobile Phone: _____
 Current E-Mail Address: _____
 Additional Email Address: _____

	Last Name	First Name	Birth Date	Physical Description
Member			XXXXX	
Spouse			XXXXX	
Child(ren) Living At Same Address				
Childcare Complete Addendum				

Please provide physical description (i.e., height, weight, hair color, other distinguishing details) that can be used by guards.

Member's Occupation: _____ Work Phone: _____
 Spouse's Occupation: _____ Work Phone: _____
 Emergency Contact: _____ Phone: _____
 Physician: _____ Phone: _____ Pediatrician: _____ Phone: _____

Check Appropriate Category and Mail Dues to Address Above

____ **Current Full Family Membership** - Dues of \$435 – (We have paid our \$350 initiation fee) **PAY BY 4/1/2008 AND YOUR DUES ARE \$385!!! PAY BY 5/1/08 AND YOUR DUES ARE \$410. ANY DUES RECEIVED AFTER 5/1/07 WILL BE \$435.**

____ **New Full Family Membership** – I/We, the undersigned, hereby apply for full membership in TVWRA and agree to pay the initiation fee of \$350 and discounted 2008 dues of \$350. We agree to pay such fees as follows:

____ **\$700 at time of joining (enclosed) or \$675 if paid by 6/1/08 or \$500 (enclosed) and \$225 by 9/1/2008**

____ **Upgrading to Full Membership** - I/We, the undersigned, hereby apply for full membership in TVWRA for the initiation fee of \$350 and discounted 2008 dues of \$285. Enclosed is our check for \$635, or if paid by 5/1/08, \$610.

____ **Associate Family Membership** – A Family Unit consisting of at least one adult and one child - I/We, the undersigned, hereby apply for associate membership in TVWRA and enclosed are the summer dues of \$535.

____ **Associate Individual Membership** – An Individual of at least 21 years of age, with no dependents – I, the undersigned, hereby apply for an associate membership in TVWRA. Enclosed are summer dues of \$335.

____ **Associate Senior Citizen Membership** – A Family Unit consisting of one/two adults of 58 years of age or older with no dependents - I/We, the undersigned, hereby apply for associate membership in TVWRA. Enclosed are the summer dues of \$310.

I/We agree to abide by all the rules and regulations of the Association with the knowledge that failure to comply may result in termination of membership without refund of dues.

Signature: _____ **Date:** ____/____/2008

Total Enclosed: \$ _____

Make checks payable to "TVWRA." Must be postmarked by 4/1/08 or 5/1/08 for discount detailed above.
 Dues are payable in full. If you have questions, please contact Libby Gordon (364-0575).