

**TUCKAHOE VILLAGE WEST RECREATION ASSOCIATION (TVWRA) 2024 Application**

P. O. Box 29204, Henrico, VA 23242

Family Last Name: \_\_\_\_\_ Referring Family? \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

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

	Last Name	First Name	Age as of 5/1/2024	Physical Description
<b>Adult Member 1:</b>			XXXXX	
<b>Adult Member 2:</b>			XXXXX	
<b>Others Living At Same Address:</b> If more lines are required, please complete an additional form.				
<b>Childcare : Complete Addendum</b>				

Member 1 Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Member 2 Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Initial Appropriate Category, Sign Application, and Submit Payment**

**\*\*\*\*ALL DUES PAID PRIOR TO 02/29/2024 WILL RECEIVE A \$50 SUPER EARLY BIRD DISCOUNT\*\*\*\***

**\*\*\*ALL DUES PAID PRIOR TO 03/31/2024 WILL RECEIVE \$25 EARLY BIRD DISCOUNT\*\*\***

\$ \_\_\_\_\_ Returning Family Membership (FULL PRICE \$545)

(Family, who has paid initiation fee)

\$ \_\_\_\_\_ Returning Individual OR Senior Membership (FULL PRICE \$460)

(Individual: Individual of at least 21 years of age, with no dependents, who has paid initiation fee)

(Senior: Family unit of one/two adults of 58 years of age or older with no dependents, who has paid initiation fee)

**NEW MEMBERSHIPS BELOW ARE SUBJECT TO AVAILABILITY.**

**New Full Family Membership** – I/We, the undersigned, hereby apply for full membership in TVWRA and agree to pay the initiation fee of \$500 and 2024 dues of \$545. We agree to pay such fees as follows:

\$ \_\_\_\_\_ **\$1045 at time of joining (enclosed) OR**

\$ \_\_\_\_\_ **\$500 (enclosed) and \$280 by 7/1/2024 and \$280 by 9/1/2024**

**New Individual OR Senior Membership**-- I/We, the undersigned, hereby apply for full membership in TVWRA and agree to pay the initiation fee of \$500 and 2024 dues of \$460. We agree to pay such fees as follows:

\$ \_\_\_\_\_ **\$960 at time of joining (enclosed) OR**

\$ \_\_\_\_\_ **\$500 (enclosed) and \$235 by 7/1/2024 and \$235 by 9/1/2024**

**ALL RETURNING MEMBERS AND NEW APPLICANTS MUST SIGN BELOW**

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. I hereby release and hold harmless TVWRA and its officers, employees, volunteers, and other participants of and from, and do discharge and waive, any and all claims, demands, losses, damages and liabilities that I may have or sustain arising out of my participation in recreational activities. I understand and appreciate that my participation carries a risk of serious injury, including permanent paralysis or death. I voluntarily recognize, accept and assume this risk.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ /2024

**Make checks payable to "TVWRA." Must be postmarked by date designated above for applicable discount.**

Electronic Payments will incur an additional convenience fee.

QUESTIONS: Julia Whritenour: [TuckahoeVillageWestRA@gmail.com](mailto:TuckahoeVillageWestRA@gmail.com) ; 804-305-0820