

TUCKAHOE VILLAGE WEST RECREATION ASSOCIATION (TVWRA)

**2022 New Member Application
P. O. Box 29204, Henrico, VA 23242**

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

	Last Name	First Name	Age as of 5/1/2022	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: _____

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 \$350 and 2022 dues of \$520. **We agree to pay such fees as follows:**
 _____ **\$870 at time of membership acceptance or**
 _____ **\$500 (at acceptance), \$225 by 7/1/2022 and \$225 by 9/1/2022.**

New Individual* or Senior Membership** – I/We, the undersigned, hereby apply for full membership in TVWRA and agree to pay the Initiation fee of \$350 and 2022 dues of \$435. **We agree to pay such fees as follows**
 _____ **\$785 at time of membership acceptance or**
 _____ **\$500 (at acceptance), \$185 by 7/1/2022 and \$180 by 9/1/2022.**

*One Individual- individual at least 21 years of age
 **Senior – 1 or 2 individuals 58 years of age or older; no children

ALL 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:** ____/____/2022

Dues will be due five days after notification of membership acceptance.

If you have questions, please contact Julia Whritenour @ TuckahoeVillageWestRA@gmail.com

Contributions or gifts to Tuckahoe Village West Recreation Association are not deductible as charitable contributions for Federal income tax purposes.