**HIDENWOOD RECREATION ASSOCIATION**

2018 Membership Application

**Check the appropriate category & fee from the dues schedule & mail your form & check, made payable to: Hidenwood Recreation Association**

**c/o Kim White, 202Massell Court**

**Newport News, VA 23606**

**PLEASE NOTE: You may make special arrangements to pay by credit card by directly contacting our Treasurer:**

**Sheri Melzer at** [**melzer357@aol.com**](mailto:melzer357@aol.com)

Please Print

|  |  |
| --- | --- |
| **Name:** | **Member #:** |
| **Address:** | **Phone:** |
| **Email:** | **Cell Phone:** |

**MEMBER NAMES AND AGES:(must be living in the same household)**

**Summer Membership paying initiation fee in installments spanning three years: Dues**

Maintenance

Fee

**Total**

**ADULT INDIVIDUAL MEMBERSHIP…………………………….…………………. $275** + **$100** = **$375**

**SENIOR COUPLE MEMBERSHIP…………………………………………….………. $275** + **$100** = **$375**

**FAMILY MEMBERSHIP………………………………………………………………….. $375** + **$100** = **$475**

**AUGUST ONLY - FAMILY MEMBERSHIP………...…………………………….. $125**  = **$125**

**Stockholder dues at Registration:**

**INITIATION FEES(one time non-refundable fee-saves $50 versus installment plan)$250** = **$250**

**PLUS**

**STOCKHOLDER Adult Individual Membership (18+)…………………….. $175** + **$100** = **$275**

**STOCKHOLDER Senior Couple Membership (55+ in same household) ….. $175** + **$100** = **$275**

**STOCKHOLDER Family Membership …………………………………………… $275** + **$100** = **$375**

**Inactive Stockholder Membership Fee $50 $50**

Inactive fee applies if you are a stockholder who will not use the pool this summer, but do not want to leave your membership yet.

***If this is your FIRST year with HRA, you are exempt from paying the Maintenance Fee.***

**TOTAL REGISTRATION FEE TO PAY……………………………………………………………………………………..** $

**The undersigned applicant hereby agrees that all members listed on this form will abide by all the rules and regulations of this association. (rules and regulations are listed at hidenwoodpool.com)**

Signature: Date: Check#: Referral Name: