**HIDENWOOD RECREATION ASSOCIATION**

2024 Membership Application

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

Hidenwood Recreation Association

PO Box 6488

Newport News, VA 23606

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

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

Please **Print LEGIBLY**

|  |  |
| --- | --- |
| **Last Name:** | **Member #:** |
| **Address:** | **Phone:** |
| **Email (mandatory):** | **Cell Phone:** |

**ALL HOUSEHOLD MEMBERS :(MUST be living in the same household)**

(Replacement Cards or Key Tag FOBs for existing members will be charged a $2.00 fee)

**If you need a new card or FOB, state your preference:**

NAME BIRTHDATE CARD or KEY TAG FOB (for Membership Check-in)

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

Maintenance

Fee

**Total**

**ADULT INDIVIDUAL MEMBERSHIP…………………………….…………………. $295** + **$100** = **$395**

**SENIOR COUPLE MEMBERSHIP…………………………………………….………. $295** + **$100** = **$395**

**FAMILY MEMBERSHIP………………………………………………………………….. $395** + **$100** = **$495**

**AUGUST ONLY - FAMILY MEMBERSHIP (New members ONLY)……….. $130**  = **$130**

**Stockholder dues at Registration:**

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

**PLUS**

**STOCKHOLDER Adult Individual Membership (18+)…………………….. $195** + **$100** = **$295**

**STOCKHOLDER Senior Couple Membership (55+ in same household) ….. $195** + **$100** = **$295**

**STOCKHOLDER Family Membership ……………………………………………. $295** + **$100** = **$395**

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

**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: