

2020 Application

Rosedale Beach Club
 5401 3rd St
 Verona, PA 15147
 www.rosedalebeachclub.com
 theboard@rosedalebeachclub.com
 412-793-1782



To: The Board of Directors,

Please accept this application as a signed contract that my membership information is accurate, and that those listed on the membership will abide by all rules and regulations set forth by the Board of Directors. The Board of Directors may reject or rescind the membership based on the By-Laws of this private club.

NOTE: (per clubs by-laws) **A Family Membership consist of 2 adults and their children up to the age of 26 (if still in school.) living in the same household.** A Babysitter Pass may only be used for children under the age of 12. Kids 12 and over may have their own single membership. If babysitter is an adult watching your child, they are not permitted in the club when you are present. An Associate Pass may only be used by those living in your home that are not a spouse/2nd adult. **I understand that refunds are not given for any reason.**

I have read and agree to the terms above: Signature: _____ Date: _____

Applicant: Please circle <i>renewal</i> or <i>initial application</i>			Rates	
			<i>Please check the membership requested</i>	
Last Name	First Name	Middle Initial	Bond Family	
			<input type="checkbox"/> Paid before 04/01/2020	\$340.00
			<input type="checkbox"/> Paid after 04/01/2020	\$380.00
Street Address			Bond Single	
			<input type="checkbox"/> Paid before 04/01/2020	\$220.00
			<input type="checkbox"/> Paid after 04/01/2020	\$260.00
City	State	Zip	Social Family	
			<input type="checkbox"/> Paid before 04/01/2020	\$380.00
			<input type="checkbox"/> Paid after 04/01/2020	\$420.00
Home phone	Cell Phone	Email	Social Single	
			<input type="checkbox"/> Paid before 04/01/2020	\$250.00
			<input type="checkbox"/> Paid after 04/01/2020	\$290.00
Emergency Contact # for children			Bond Purchase	
			<input type="checkbox"/> Paid with membership	\$150.00
Occupation (self)	Occupation (spouse or 2nd adult)		Additional Members	
			<input type="checkbox"/> Baby Sitter pass*	\$ 75.00
			<input type="checkbox"/> Associate member*	\$ 100.00

Please list all members to receive passes, including yourself. (complete all information)
(include on back any medical conditions for any member listed below).

	Last Name	First Name	Relationship (see note)	Sex (M or F)	Birth Date (mm/dd/yyyy)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

