



Rosedale Beach Club
5401 Third Street
Verona, PA 15147

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 club's 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. (Proof of address required)

I understand that refunds are not given for any reason. I have read and agree to the terms above:

Signature: _____

Date: _____

Rates, please check the membership requested:

Bonded Membership

- Bond Family Paid before 04/01/2022 \$340.00
- Bond Family Paid after 04/01/2022 \$380.00
- Bond Single Paid before 04/01/2022 \$220.00
- Bond Single Paid after 04/01/2022 \$260.00

- Bond Purchase Paid with membership \$150.00

Social Membership

- Social Family Paid before 04/01/2022 \$380.00
- Social Family Paid after 04/01/2022 \$420.00
- Social Single Paid before 04/01/2022 \$250.00
- Social Single Paid after 04/01/2022 \$290.00

Additional Members

- Babysitter Pass* \$ 75.00
- Associate Member ** \$100.00

Applicant:

Please circle: Renewal or Initial Application

Club Number: _____

Last Name First Name Middle Initial

Street Address City State Zip

Home Phone: _____ Cell Phone: _____

Emergency Contact Number (for children): _____ Email: _____

Occupation (self) _____ Occupation (spouse or 2nd adult) _____

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/F)	Birth Date (mm/dd/yyyy)
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Sponsors Approval (New Membership):

The below sponsors are bond members of the pool and respectfully give their recommendation for the approval of this application to the board of directors. Board members will sign if you do not have a bond sponsor.

1st Bond Member Name _____ Club Number _____

2nd Bond Member Name _____ Club Number _____

Additional information, medical conditions, explanation for exceptions, additional members not included on page

For office use only: Check#: _____ Paid: _____ Date: _____ Initials: _____