



RIDGETOP APPLICATION FOR MEMBERSHIP

Date of Application: _____

Applicant Full Legal Name (Last, First, M.I.)		Spouse Full Legal Name (Last, First, M.I.)	
Address:		Zip:	Primary Phone:
Email (required):			
<i>Note: This will be our method of communicating the status of your application while on the Waiting List</i>			
Other Swim & Tennis Memberships?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please list existing or pending membership club names:
CHILDREN			
Name	Birth Date	Sex	
Name	Birth Date	Sex	
Name	Birth Date	Sex	
Name	Birth Date	Sex	
EMPLOYMENT INFORMATION (As Applicable)			
Applicant's Occupation:		Spouse's Occupation:	
Name and Address of Employer:		Name and Address of Employer:	
I (we) hereby apply for membership in the Ridgetop Recreation Association, Inc., and agree that if accepted, shall abide by all the rules, regulations and bylaws of the Association, during both the wait list and membership status. This application is subject to action of the Ridgetop Membership Committee and Board of Directors, and that the right to refuse this application is reserved. Payment of the application fee (\$35) must accompany this application.			
Signature of Applicant:			
Signature of Spouse:			
Sponsoring/Referring Member Signature:			
Printed Name:	Email:	Phone:	

Send to:
 Ridgetop Recreation Association
 c/o Alexis Lyons
 9604 Della Drive, Henrico, VA 23238

Date Received by RT: Date Accepted by Board: Application #:
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