

LAKE MONTICELLO OWNERS' ASSOCIATION

41 Ashlawn Boulevard
 Lake Monticello, VA 22963-3330
 (434) 589-8263; Fax (434) 589-5696

Email: Admin@lmoa.org
 Website: www.lmoa.org



APPLICATION FOR 2011 ANNUAL POOL MEMBERSHIP





Name: _____ Lot: _____ Section: _____

Address: _____

Telephone: (H) _____ (W) _____

Emergency Contact: _____ Telephone: _____

Type of Membership:	#	Indicate Membership	
<input type="checkbox"/> Seasonal – Family	\$ 285.00	_____	
<input type="checkbox"/> Seasonal – Individual, all ages	\$ 75.00	_____	
<input type="checkbox"/> Seasonal – Individual	No Fee	_____	
* Age as of May 24, 2011			
<input type="checkbox"/> Lap Swim (7AM – 9AM)	\$ 35.00	_____	

Member's Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONDITIONS:

Children must meet Federal Income Tax dependency requirements to be eligible for membership. Generally, children born prior to 1989 would not be dependents unless they are full-time registered students. Other named persons must clearly be dependents of the applicant. Legal residence IS NOT a criteria for meeting dependency requirements. Refunds will not be granted to residents whose membership is revoked, or who moves away from the Lake Monticello area, or who no longer wishes to utilize the membership. Memberships are not transferable.

I have read and understand the conditions of membership. I agree to abide by the conditions set forth in this application and the rules and regulations established by the Board of Directors for pool use.

 Signature of Member

Paid _____

 Date

Check # _____