



# Three Chopt Recreation Club

## Application for Membership 2019

Email your completed application to: Elise Crockett | VP, Membership | membership@tcrcclub.com  
Or mail a printed copy to: 2100 Skipwith Road, Henrico VA 23294

### Primary Adult Member

The Primary Account Owner must be over the age of 21.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

### Family Members

Please list all family members who reside in the account owner's household (children must be under the age of 25) to be included in membership. List the relationship (spouse, son, daughter, etc.) and interests (swim/dive teams, adult/junior tennis, swim lessons, social events, volunteering, etc.) for each member.

Full Name: \_\_\_\_\_ Relationship: **Primary Account Owner**

Interests: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Interests: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Interests: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Interests: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Interests: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Interests: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Note: Grandparents and childcare providers can be added to your account for a \$75 annual fee. You can add them to your account once you are accepted and register on the TCRC Member Portal. Also, if you have more than 6 members in your household, we require address verification for the additional members. Please email membership@tcrcclub.com.

### Marketing

How did you hear about us?

## Active Member References

Please list any active members who referred you to our club. If you came onsite to tour the facility, please list the name of the Manager or Board Member who gave you your tour.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Statement of Membership for 2019

I hereby request Membership to the Three Chopt Recreation Club as indicated below for myself and each of the members of my family residing with me as referenced in application. I understand that all memberships are subject to final approval by the Three Chopt Recreation Club Board of Directors.

New Member Initiation		
Type	One Time Fee	Select
Individual	\$400	
Family of 2	\$400	
Family of 3+	\$600	

2019 Annual Dues		
Type	Due May 1	Select
Individual (1)	\$425	
Family (2)	\$500	
Family (3)	\$575	
Family (4)	\$650	
Family (5)	\$725	
Family (6)	\$800	

### Total Due: \_\_\_\_\_

\*New Member Initiation + 2019 Annual Dues

Once this application is received and accepted, you will receive an email invitation to join the TCRC Member Portal. You will need to log in to register your family, pay your initiation fee and annual dues before you will be allowed to enter the club.

Annual dues can be paid in monthly installments but must be paid in full by May 1, 2019. A \$50 late fee will be charged on June 1, 2019.

**All members who pay their annual dues before March 1 will receive 5 free guest passes added to their account!**

## Disclaimer and Signature

I understand that the total sum of these payments will be used in conjunction with the program(s) of TCRC for the operation and development of its property on Skipwith Road in Henrico County, Virginia as a recreation facility.

This agreement is made by reason of my interest in the civic aims of TCRC in providing supervised recreational facilities for the development of the youth in the community and with the understanding that the operation of the facilities shall be under the control of the Board of Directors of TCRC. I do hereby agree that I will abide by the By-Laws and all of the rules and regulations of TCRC.

I do further agree that if my membership is accepted, all dues or other charges shall be due and payable by me whether or not I use the facilities of the TCRC. If payment is not made as specified above, the Applicant(s) shall be liable for all costs in collecting any amounts due, including reasonable attorney's fees and all associated costs of collection. Applicant shall also be responsible for interest at the rate of 18% per annum beginning 30 days after completion on any amounts unpaid. All parties agree that this agreement will be governed by the laws of the Commonwealth of Virginia and agree that proper venue for any and all actions arising out of the same will be in courts located in the County of Henrico. Dues and/or initiation fees are subject to change. Membership will be offered at the rates established at the time membership is offered, and if I do not pay all dues or other charges as agreed to on the above Statement of Membership, then my membership may be terminated. Membership in TCRC is not transferable or assignable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Club Use Only

Date to Board: \_\_\_\_\_ Presented By: \_\_\_\_\_

Decision: \_\_\_\_\_