

2010 RIVERSHYRE POOL RESIDENT APPLICATION

Name _____

Address _____ Phone No. _____

Please include an E-mail Address _____

Names of immediate family in household (include age of children)

_____	_____
_____	_____
_____	_____
_____	_____

- In 2010, the annual membership fee for residents is \$300. Members will receive a \$10 concession card that is included with the membership. Residents must also pay an initiation fee of \$400. The fee may be paid in four (4) annual installments of \$100 during each of the first four years of membership.
- All Rivershyre pool memberships are **NONREFUNDABLE** and **NONTRANSFERABLE** at ANY time for ANY reason. Those renting or leasing a home are NOT covered by a membership in the name of the property owner and must apply for a membership of their own.
- Guest fees are \$3.00 per person per visit. Guests cannot be a Rivershyre resident.
- Please make your check made payable to **Rivershyre Community Association / Pool**.
- All resident members must be in good standing with the Rivershyre Community Association and current in payment of all dues. If not, the application will not be processed and payment will be returned.

Please mail this completed application with your payment to:
Rivershyre Community Association / Pool
P.O. Box #2194
Evans, Ga 30809-2194

If you currently have one or more Key Cards, please provide the ID numbers. They are listed in the lower left corner on the back of the card. Please disregard the leading zeros (e.g., N^o 0000413 would be listed as 413). Only the numbers provided below will be activated. New members will receive one new Key Card included with their membership. Additional Key Cards may be purchased for \$5.00 each.

My current Key Card #'s are _____

_____ \$300.00 – resident with fully paid initiation fee.

_____ \$400.00 – resident paying installment #1____ #2____ #3____ #4____ of initiation fee (check one)

_____ I need _____ additional Key Cards and I am inclosing an additional \$5.00 for each card needed.

(Key Cards ordered here will be available from the pool attendant after the cards are activated)

Please RETURN THIS COMPLETED FORM. Your canceled check is your receipt.

I have read, understand and will comply with all rules set forth in the “Rules of the Rivershyre Pool Organization”

Signed: _____ Date: _____