



2004, 2013, 2014, 2016 Rocket City Swim League Champions

PRA MEMBERSHIP APPLICATION FORM				
Name:		Spouse:		
Children(s) Names & Ages:				
<i>* Please note: Children listed under a Family Membership are to be minors residing in your home only*</i>				
Address:				
Email Address:		Phone:		
MEMBERSHIP SHARE: \$500				
TYPE OF MEMBERSHIP DUES <i>(Please place an X to indicate type of membership)</i>				
	Family Membership (\$565)		Senior Membership (\$465)	Single Membership (\$365)

REFERENCES
1.

****Please include a current copy of your Driver's License****

I understand that in filling out this application I am agreeing to accept full responsibility for payment of annual dues and assessments until such time as my membership is sold