

CROFTON SWIM & TENNIS CLUB – 2019 Annual Dues Invoice

Mail To: Crofton Swim and Tennis Club, P.O. Box 3451, Crofton, MD 21114

2019 Annual Dues\$600.00
• If paid after 4/16/19.....\$660.00
• If paid after 5/16/19.....\$720.00

2019 Long Term (LT) Member Dues ...\$470.00 **
• If paid after 4/16/19..... \$512.00 **
• If paid after 5/16/19..... \$554.00 **

** Please refer to definition of Long Term Member **

2019 Guest Pass (8 Visits)..... \$30.00

2019 Childcare Provider Pass \$75.00

**** Long Term Members** must be at least 62 years of age, have been a member for at least 10 years, and list NO INDIVIDUALS OTHER THAN A SPOUSE on their membership. Include proof of age with this form and your payment if you have not provided verification in previous years.**

Payment in full is due **April 16, 2019**. A late fee of up to 10% per month will be assessed to all who have not paid by this date. All members of record as of April 30, 2019 are responsible for their 2019 seasonal dues per the CSTC by-laws. Admittance to the Club requires dues and outstanding fees to be paid in full. You may include payment for up to four (4) guest passes with your season dues. In addition, because of a requirement of our Insurance Company, prior to admittance, **at least one adult member of each family must acknowledge CSTC's liability policy by their signature below.**

As a Member of CSTC, I assume the risk for the use of all Club facilities, for my family, my guests, and myself and shall not hold CSTC responsible for an accident or injury except in the instance of willful misconduct or gross negligence on the part of the Club. I further hereby agree to abide by all rules and regulations of CSTC and provide for the adequate supervision of my minor children and guests in their use of all Club facilities.

Signature: _____

Date: _____

MEMBERSHIP INFORMATION: The following information will be used to keep our membership records current and to fulfill the requirements of our insurance company.

MEMBER: _____

MEMBER: _____

ADDRESS: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

FAMILY MEMBERS PERMANENTLY RESIDING AT THE HOME ADDRESS:

(New or additional only – leave blank if no change is necessary)

Name	Relationship to Member	Date of Birth (Mo/Date/Yr)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete a childcare provider application for your childcare provider. The application can be found on the website, or obtained by emailing admin@croftonswimandtennis.org.