

Deltaville Community Association
Ricky Taylor Memorial Community Swimming Pool
P.O. Box 211
Deltaville, VA 23043
2022 Membership Application

Member Name: _____

Physical Address: _____

Mailing Address _____

Email Address: _____

Phone Number _____ Cell number _____

Emergency Contact Name/Number _____

Please choose the membership you will be purchasing:

_____ Premier Household Membership Renewal: \$300

This membership includes all family members that live in the same household (under the same roof)
Anyone older than, 18 must provide proof of residency.

_____ Premier Household Membership NEW \$400

This membership includes all family members that live in the same household (under the same roof)
Anyone older than, 18, must provide proof of residency

_____ Individual Membership Renewal: \$200

This is for an individual only

_____ Individual Membership NEW: \$250

This is for an individual only

Make Check to: DCA/RTMCSP

Mail to: P.O. Box 211

Deltaville, VA 23043

www.deltavilleva.com

pool@deltavilleva.com