



Windsor Great Park Recreation Association, Inc.

2020 Annual Membership Renewal Application

Primary Member: _____

Address: _____ City/ST/Zip _____

PRIMARY Phone #: _____ EMAIL: _____

Emergency Contact: _____ Phone: _____

*There are **Four types of Annual Memberships** available. Please choose one:*

Family Plus Membership (6 to 8 family members) **\$450.00**

Please list names of other Members residing at above address and DOB of Child Members:

2nd Member: _____ DOB _____
 3rd Member: _____ DOB _____
 4th Member: _____ DOB _____
 5th Member: _____ DOB _____
 6th Member: _____ DOB _____
 7th Member: _____ DOB _____
 8th Member: _____ DOB _____

Addition Annual Family Members **\$25.00 Each**

**for Annual Family with more than eight (8) family members residing at above address. Use the back for additional space.*

Family Membership (3 to 5 family members) **\$400.00**

Please list names of other Members residing at above address and DOB of Child Members:

2nd Member: _____ DOB _____
 3rd Member: _____ DOB _____
 4th Member: _____ DOB _____
 5th Member: _____ DOB _____

Couple Membership **\$300.00**

for Single parents with one child, Single Adults, and Adult Couples **ONLY!*

Please list names of second Members and DOB if a Child Members:

2nd Member: _____ DOB _____

Single Membership **\$150.00**

10% Discount: YES NO **Reason** _____ **Amount Paid** _____

I wish to apply for an Annual Membership in the WGPR. I understand that only members of my **household** as listed above will be allowed to use the facility. A photo of each member intending to use the pool is required with this application. Photos may be as a group or individual.

Signature of Applicant _____

Date: _____

Please mail-completed application along with your check or money order to:
 WGPR, Inc., P.O. Box 2126, Newport News, VA 23609-0126
 Website : <https://wgpwebsite.wixsite.com/wgpwaves>
 Email: WGPRA1@GMAIL.COM

