

Summary of 2020 Membership Dues

**There is a \$25 fee on any returned checks. After such an occurrence, checks will no longer be accepted. All transactions must be made with money order, cash, PayPal, or VENMO .
VENMO @JessicaSteffensen (Flyer logo on VENMO)**

Association Members

- **Payment Options – CHECKS, PAYPAL and VENMO**
- **Annual Membership Dues = \$275.00 with WORK PARTY or \$325 (includes \$50 work party buy out option)**
- **Installment #1 of \$137.50(Post-Dated Checks or VENMO) Due 7/01/2020**
- **Installment #2 of \$137.50(Post-Dated Checks or VENMO) Due 8/01/2020**

Failure to abide by scheduled payment deadlines may result in suspension of use of the pool facility until outstanding payments have been made.

- **PayPal is available – A \$5 up to \$15 Convenience fee will be applied when paying through PayPal.**

NEW for the 2020 season

- **Covid county and state ordinances will be adhered to at the pool. People will enter through the front door and exit the back gate.**
- **All members will wear a mask upon entering and any time they will be within 6ft of another person outside their family group (bathroom)**
- **Each family will be responsible for following covid rules and enforcing these rules within their family group.**
- **Each family and guest must sign a Covid waiver.**
- **Anyone not following the covid regulations can forfeit their membership.**
- **1 work party of 2 hours.**
- **We will allow 20 people in the water during a one hour and forty five minute window. These 20 swimmers will sign up on signup genius. Other members of the family may come along and not enter the water if they choose. Only people who have signed up may enter the pool.**
- **Signups are limited to one 2 hour slot a day. If you are at the pool and the next slot has started and there is space you can add on.**
- **Sign ups will be done weekly**

- **No lifeguard sign will be up and nobody under 16 is allowed without an adult.**
- **Guess passes are for immediate family only.**

As stated in the ByLaws, ARTICLE VII : Section 4 - No member shall be deemed in good standing, unless and until the records kept by the Treasurer reflect such member has paid in full all dues, work party fines, penalties and assessments levied in accordance herewith. Members whose dues are two (2) months in arrears shall be notified in writing by the Board of Directors. Unless approved by the Board, Failure to pay dues within thirty (30) days of written notification shall result in the membership reverting to the corporation without remuneration.

Forest Park Membership Benefits & Perks

- **Great Family-Friendly Outdoor Facility**
- **Private Non-Profit Facility**
- **Owned & Operated by the Members of the Forest Park Swim Club**
- **Large Heated Pool**
- **Plenty of Room for Swim & Play**
- **Separate Beginner Area & Deep-End Diving Board**
- **Baby Pool for Toddlers**
- **Members can bring 2 guests from their immediate family to the pool for just \$4.00/person. All guests must be accompanied by members.**

2020 Hours of Operation

Opening day: July 1st

July 1st - August 12

Monday - Saturday: 2pm - 8pm

Sunday: 12am - 8pm

August 15 - October 4th: Weekends Only - hours to be determined

Hours and days subject to change

NOTE: Operating Hours are subject to change and members will be notified in advance whenever possible.

The FPSA Pool Calendar is posted on the website

www.Forestparkpool.info

FAMILY NAME:

(Please print)

FOREST PARK SWIMMING CLUB - PO BOX 21414, CONCORD, CA 94521
ANNUAL MEMBERSHIP AGREEMENT

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE BOARD OF FPSA FOR APPROVAL

MEMBERSHIP DUES: \$275.00*.. (Subject to change by a vote of the membership) A \$15 Convenience fee is added to each payment if you use PayPal. Payment can be made in (1) full payment at the date you join, or (2) installment payments **as arranged with the Membership Director**. Installment plans are not available through PayPal.

Payment Due Dates:	\$ <u>137.50</u> Date 7/01/2020	\$ <u>137.50</u> Date 8/01/2020
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I agree to pay the yearly membership dues. I understand that if I do not maintain my membership, per the by-laws, my membership will revert to the Forest Park Swimming Association.

I understand that the pool and payment of dues is governed by the Forest Park Swimming Association by-laws. I acknowledge that I have been given a copy of these by-laws. I agree that my family, my guests and I will abide by the safety rules and code of conduct established by "The Association."

I understand that each membership is responsible for three (1) work commitments, as a part of my membership:
** I will complete **ONE** work obligation, or **pay a \$100.00 per** work obligation fine for commitments not completed.

Work Party must be completed by Sep 1st

If my work party obligations are NOT completed by the final deadline of Sep 1st and I have not made arrangements to fulfill my obligation by Oct 15th, I will be responsible for paying \$100 for the non-worked work Party (minimum of 2 Hours for the work party).

Address of the membership - Required

Street	City	State	Zip

Signature of Primary Member

Print Name

Date

Signature of Secondary Member

Print Name

Date

Signature of Membership Director

Print Name

Date

Signature of FPSA President

Print Name

Date

FOR FPSA BOARD USE ONLY:

		PAID: \$
		CHECK #
Start date of membership		PAID: \$
		CHECK #
		PAID: \$
Referred by		CHECK #

FOREST PARK SWIM ASSOCIATION
ANNUAL MEMBERSHIP STATEMENT 2020

1. MEMBERSHIP INFORMATION

Forest Park Swimming Association Bylaws dated January 16, 2003.

Section 2.1. A membership may be owned jointly by husband and wife, or singularly by husband or wife or unmarried head of household. All of the rights, duties, obligations and benefits of a membership shall inure to the immediate family **residing together with owner(s) in a single household.**

Section 2.2. Member(s) shall designate family members (Limited to (8) eight) each year upon payment of membership dues. Designated family members shall enjoy all rights and privileges of membership.

Designated family members must be related to Member(s) (as a child, stepchild, adopted or foster child, parent, grandparent, grandchild, aunt, uncle or ex-spouse).

Section 2.2.1 Member(s) may, as one of the eight designated Family members, designate a childcare provider who shall enjoy all rights and privileges of membership during the course and scope of performing duties as a childcare provider for a member.

******Please fill in the blank spaces below. Please return this form with your payment.******

Family Name			
Address			
Home Phone	1)	2)	
Cell Phone	1)	2)	
e-mail Address	1)	2)	
Primary & Secondary Member (membership owner)			
	1)		
	2)		
Designated Family Members		Relationship	Minors birth date
	3)		
	4)		
	5)		
	6)		
	7)		
	8)		

2. INSURANCE INFORMATION

Please fill out insurance information if blank or different	Insurance Company	Employee Covered	Group Number	Employee No.
Primary Insurance				
Secondary Insurance				

3. EMERGENCY CONTACTS- Please indicate who to contact if there is an emergency at the pool.

1) Name	
Phone Number	Cell Phone
2) Name	
Phone Number	Cell Phone

4. REFERRED BY: _____