



Stone Ridge Community Membership Application

Please bring this form with proper identification, as outline on page 15 of the Policies & Procedures, to the Community Center during designated times to receive ID cards. Each household member age 5 and over must be present

Address _____ Stone Ridge, VA 20105

All Stone Ridge ASSOCIATION Members must complete this application in its entirety and submit in person to the ASSOCIATION at the Community Center. All household members over the age of 5 must present legal documentation (*driver's license, birth certificate, passport, military ID, etc.*) to verify both identity and age. *Please print clearly.*

PROPERTY OWNERS:

If not property owner, check this box for Tenant and list Lease End Date ____/____/____
All Tenants must submit or have on file with the Association a signed and completed Memorandum of Lease with this form.

(1) Name _____ Acct# _____
First MI Last **Office Use Only**
Home Phone _____ Work Phone _____
Email address _____ DOB _____ M/F _____
Emergency Contact _____ Phone _____

For Office Use Only

Date Card Issued	Key Card #	Verification	Staff Initials

(2) Name _____ Acct# _____
First MI Last **Office Use Only**
Home Phone _____ Work Phone _____
Email address _____ DOB _____ M/F _____
Emergency Contact _____ Phone _____

For Office Use Only

Date Card Issued	Key Card #	Verification	Staff Initials

Please list all additional household members on reverse.

I hereby covenant and agree that I have read and fully understand all policies, procedures, rules and regulations made by the ASSOCIATION for the use, operation & maintenance of all Community Property. I understand that ID cards must be carried at all times when utilizing Community Property (including pool) or attending Association sponsored events. I understand that the ASSOCIATION reserves the right to amend these rules at any time.

I, the undersigned certify that each household member that resides in Stone Ridge has been advised of and understands these rules and regulations, as will any visitor or guest.

Signature (Owner or Tenant) _____

Date _____

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Please complete the following fields for all permanent household members that reside at the Stone Ridge property listed above. **All household members, over the age of 5, will be issued a Community Membership ID Card that will serve as admission to Community Property, the pool(s) and Association sponsored events.** All household members under the age of 13 must be accompanied by a parent or guardian over the age of 21 at all times. Household members between the ages of 13-15 will have to take and pass a Red Cross Swim test in order to utilize the pool without supervision. Key cards are not available to anyone under the age of 21.

ADDITIONAL PERMANENT HOUSEHOLD MEMBERS:

(3) Name _____ **Acct#** _____
First MI Last
Office Use Only
 Home Phone _____ Work Phone _____
 Email address _____ DOB _____ M/F _____
 Emergency Contact _____ Phone _____

For Office Use Only

Date Card Issued	Key Card #	Verification	Staff Initials

(4) Name _____ **Acct#** _____
First MI Last
Office Use Only
 Home Phone _____ Work Phone _____
 Email address _____ DOB _____ M/F _____
 Emergency Contact _____ Phone _____

For Office Use Only

Date Card Issued	Key Card #	Verification	Staff Initials

(5) Name _____ **Acct#** _____
First MI Last
Office Use Only
 Home Phone _____ Work Phone _____
 Email address _____ DOB _____ M/F _____
 Emergency Contact _____ Phone _____

For Office Use Only

Date Card Issued	Key Card #	Verification	Staff Initials

(6) Name _____ **Acct#** _____
First MI Last
Office Use Only
 Home Phone _____ Work Phone _____
 Email address _____ DOB _____ M/F _____
 Emergency Contact _____ Phone _____

For Office Use Only

Date Card Issued	Key Card #	Verification	Staff Initials