

# ***DAMASCUS RECREATION ASSOCIATION, INC***

P.O. BOX 127, DAMASCUS, MD 20872

Membership: (301) 482-1002

[www.damascuspool.org](http://www.damascuspool.org)

<https://www.facebook.com/profile.php?id=100009235814139>

<https://twitter.com/DamascusPool>

[Damascus Pool \(@damascuspool\) • Instagram photos and videos](#)

**Membership Email: [pool.dra@gmail.com](mailto:pool.dra@gmail.com)**

March 16, 2017

Dear Membership Certificate Transfer Applicant,

The Damascus Recreation Association, Inc. is excited that you are interested in becoming a senior member of our private pool community. To be considered eligible for a membership certificate transfer, in accordance with our By-Laws *Article VI, Section 7, One-time Transfer of Membership*, the Board of Directors must receive your application between September 15<sup>th</sup> and May 15<sup>th</sup> that includes the following:

- 1) *Application To Transfer Certificate of Membership* form (to be completed by the original senior member holder(s) on the membership certificate),
- 2) Original Certificate of Membership (provided by the original senior member holder),
- 3) *Membership Application for a Membership Certificate Transfer* form (to be completed by you the transferee/applicant), and
- 4) Full payment by check that includes a \$125 Non-refundable Capital Improvements Fund Fee, a \$50 Special Assessment Fee and your 2017 Annual Membership Dues.

Once received, the Board of Directors will review your application for approval at the next Board meeting. You will be notified by email of the Board's decision. If approved, your check will be processed. Once your check clears your family will be added to our membership rolls and a new certificate of membership with the same number will be issued under your name. If rejected, your application and check will be returned to you along with the Board's explanation for the denial of your application.

Please mail your application and check made payable to the Damascus Recreation Association at the address above. For additional information regarding the pool please go to our website: [DamascusPool.org](http://DamascusPool.org) or contact us at [pool.dra@gmail.com](mailto:pool.dra@gmail.com)

On behalf of the Board of Directors, thank you for your interest in our Association.

Sincerely,

Laura Hurst  
DRA Bookkeeper

**DAMASCUS RECREATION ASSOCIATION, INC**

P.O. BOX 127, DAMASCUS, MD 20872

Membership Phone Number: (301) 482-1002 Membership Email: pool.dra@gmail.com

**MEMBERSHIP APPLICATION FOR A MEMBERSHIP CERTIFICATE TRANSFER**

(Mail to Address Above)

**Original Senior Members (transferer):**

(1) \_\_\_\_\_ Membership Certificate # \_\_\_\_\_

(2) \_\_\_\_\_ Membership Certificate # \_\_\_\_\_

**New Senior Members (transferee):**

(1) \_\_\_\_\_ Date of Birth \_\_\_\_\_

(2) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Cell Phone 1: ( ) \_\_\_\_\_ Cell Phone 2: ( ) \_\_\_\_\_

E-mail Address 1: \_\_\_\_\_

E-mail Address 2: \_\_\_\_\_

**Junior/Associate/Daycare Members:**

<u>Name</u>	<u>Birth date</u>
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

**2017 ANNUAL DUES SCHEDULE:**

Senior Membership: Includes two adults	\$255
Senior Single: Unmarried Head of Household	\$135
Junior Membership: (children age 4 by April 15 <sup>th</sup> )	\$62 each
Associate Membership: (adults 21 & over living in the household)	\$62 each
Day Care Provider Membership	\$62
2017 Beautification Fund Fee	\$50
Capital Improvement Fund Fee (non-refundable)	\$125
Membership Fee	\$500

I (we) \_\_\_\_\_,  
acknowledge that I (we) have read the DRA By-Laws and pool rules as posted on [www.damascuspool.org](http://www.damascuspool.org). I  
(we) understand that if my (our) application is approved, my payment to include a nonrefundable Capital  
Improvements Fund fee of \$125, a \$50 special assessment fee and my 2017 annual membership dues will be  
processed and all rights and privileges associated with and incidental to membership or ownership in Da-  
mascus Recreation Association , Inc. (DRA) will be transferred to my (our) name. I (we) agree to abide by  
the DRA By-laws and Rules & Regulations and understand that this membership transfer is subject to the  
provisions set forth by DRA's By-Laws *Article VI, Section 7, One-time Transfer of Membership*.

1. Applicant (Transferee) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

2. Applicant (Transferee) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

