

2026 Seasonal Swim Membership



Family Members to be included within the membership (please PRINT clearly):

FIRST & LAST NAME OF ADULTS AS IT APPEARS ON VALID PICTURE I.D.:

1. _____ Birth Date: _____

2. _____ Birth Date: _____

FIRST & LAST NAME OF EACH CHILD:

1. _____ Birth Date: _____

2. _____ Birth Date: _____

3. _____ Birth Date: _____

4. _____ Birth Date: _____

Mailing Address: _____

Cell Phone #: _____ House/Work/Other Phone #: _____

Email Address (please print clearly): _____

Seasonal swim membership cards will not be issued. Each adult must present a valid picture ID issued in the U.S. at the pool entrance. If you are planning on having children 14 and older coming to the pool without an adult, school picture IDs must be presented to show their ages. Please contact our Membership Director with any questions.

I understand that I am paying a one-time fee of **\$300** I hereby understand that the use of the club facilities and any privileges or service incident to Membership is undertaken with knowledge of the possible injury. I hereby accept all risk of injury to myself, my guests, and family sustained while using the club facilities or involved in any event or activity incident to membership in Montclair Country Club. In accepting the risk of injury, I understand that I am relieving Montclair Country Club, their successors, their respective directors, officers, partners, shareholders, employees, agents, and affiliates and the members of the Board of Advisors of Montclair Country Club from any loss, claims, injury, damages, or liability sustained or incurred by me, my guests, and my family resulting from or arising out of any conduct or event connected with membership in Montclair Country Club and use of the facilities.

I hereby acknowledge receipt of Montclair Country Club rules and regulations, and I have read and understand them and agree to be bound by the terms and conditions thereof as the same may be amended from time to time by the club. I understand that I am joining Montclair Country Club for a three month seasonal pool only membership. I understand that I am not responsible for a food minimum, and that I do not have charging privileges within Montclair Country Club. I further understand that I am not relying on any oral representation in acquiring a seasonal swim membership at Montclair Country Club.

Payment Options:

1. **Personal or Business Check – please include your check, sign and date here:**

Applicant's Signature _____ Date: _____

2. **Credit Card Payment – Visa – MC – Discover – AMEX (circle one) and fill out and sign**

Credit Card Number: _____ Exp. Date: _____ CVC Code: _____

I authorize Montclair Country Club to charge this credit card for the amount of \$ _____

Applicant's/Cardholder's Signature _____ Date: _____

Please submit this form to: Montclair Country Club, 16500 Edgewood Dr. Montclair, VA 22025

Email: Membership@MontclairGolfVa.com