

Deltaville Community Association
Ricky Taylor Memorial Community Swimming Pool
P.O. Box 211
Deltaville, VA. 23043
2026 Membership Application
Please Print

Member Name: _____

Family Names _____

Home Address: _____

Email Address: _____

Cell Number: _____

Emergency Contact
Name/Number _____

Please choose the membership you will be purchasing:

_____ Premier Household Membership Renewal: **\$300**

This membership includes all family members that live in the same household (under the same roof) Anyone older than, 18 must provide proof of residency.

_____ Premier Household Membership **NEW \$400**

This membership includes all family members that live in the same household (under the same roof) Anyone older than, 18 must provide proof of residency.

_____ Individual Membership Renewal: **\$200**

This is an individual onl

_____ Individual Membership: New **\$250**

This is for a individual only

Make check to: DCA/RTMCSP

Mail to:

P.O. Box 211

Deltaville, VA. 23043