



## DFMWR POOL COMPLEX

Located on JBM-HH at the Patton Hall Community Club & Conference Center

### 2022 POOL SEASONAL MEMBERSHIP APPLICATION

Applicant's Name: \_\_\_\_\_ Rank or Civilian Grade: \_\_\_\_\_  
(PLEASE PRINT)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### SELECT TYPE OF SEASONAL MEMBERSHIP YOU ARE APPLYING FOR:

☐

Single - \$550

☐

Single + 1\* - \$650

☐

Family\* - \$750

\*See definitions and rules on reverse side of this form.

For "Single + 1" and "Family" Seasonal Memberships, please list immediate "Family Member(s)" who will require a seasonal membership card (Children under 5 do not require a card)

Name/Age/Relationship to applicant \_\_\_\_\_

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Name/Age/Relationship to applicant \_\_\_\_\_

Name/Age/Relationship to applicant \_\_\_\_\_

Name/Age/Relationship to applicant: \_\_\_\_\_

Name/Age/Relationship to applicant: \_\_\_\_\_

#### METHOD OF PAYMENT:

Credit Card

Personal Check

#### GENERAL INFORMATION

All patrons entering the DFMWR Pool Complex, whether swimming or not, must present a season membership card to the cashier or pay the daily fee. Extended family members such as grandparents, grandchildren, adult children, brothers, sisters, former spouses, uncles, aunts, cousins, in-laws etc., not included under the definition of Family Member and not listed on pass application must pay the daily fee. Daily Pool Usage Fees (applicable to ages 5 year & above, if you do not have a seasonal membership) **Monday thru Friday \$10/pp - Saturdays/Sundays/Holidays \$12/pp – Family Pass \$50 (up to 6)**

(over)

Definition of Terms and Applicable Rules for all Seasonal Pool Memberships

Definition of “Family Member” (in accordance with Army Regulation 215-1):

- a. Spouse of a sponsor.
- b. Unremarried widow or widower of a member or former member of a uniformed service.
- c. Unmarried child of a sponsor, including any adopted children, stepchildren, foster children, or ward, who either—
  - (1) Has not passed his/her 21st birthday.
  - (2) Is incapable of self-support because of a mental or physical incapacity that existed before that birthday and is (or was at the time of the member’s or former member’s death) in fact dependent on the sponsor for over one-half of his/ her support.
  - (3) Has not passed his/her 23rd birthday; is enrolled in a full-time course of study in an institution of higher learning approved by a Secretary of an executive department specified in 10 USC Section 1073, and is (or was at the time of the member’s or former member’s death) in fact dependent on the sponsor for over one-half of his/her support.
- d. Parent or parent-in-law of a sponsor who is (or was at the time of the member’s or former member’s death) in fact dependent on the sponsor for one-half of his/her support and still resides in the sponsor’s household.
- e. Exchange students residing with Families of US military personnel who are their sponsors, and “au pairs” residing with families of US military personnel. (Documentation required at time of enrollment)

**Rule for “Single + 1” seasonal memberships:** includes individual applicant (sponsor) plus one Family Member/Significant Other.

**Rule for “Family” seasonal memberships:** includes individual applicant (sponsor) and all Family Members (up to 6). Family Members under age 5 do not require a seasonal membership. Family Members and guests 12 years old and under must be under the supervision of a parent or guardian at all times.

APPLICATION PROCESSING AUTHORIZATION

I hereby certify that the information provided on this form is true and accurate. By my signature, I accept the terms and conditions.

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

DFMWR Pool Complex-Patton Hall Community Club & Conference Center, 214 Jackson Ave., Fort Myer, VA 22211  
Phone: (703) 524-3037 or (703) 524-0200

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## Joint Base Myer-Henderson Hall FMWR Credit Card Payment Agreement

Customer Name:

Card Type:

Master Card

VISA

Discover

American Express

Names As It Appears on Card:

First Name

MI

Last Name

Credit Card Number:

Expiration Date:

Month Year

Security Code

Billing Address:

Street Address

Apt #

City

State

Zip Code

Email Address:

Dollar Amount:

Payment Date:

Installment Billings Only (list dates payments should be processed):

### Automatic Payment Agreement

1. You have hereby designated the Family and Morale, Welfare, and Recreation (FMWR) activity to charge your credit card for the amount of your debt owed to the Joint Base Myer-Henderson Hall FMWR, i.e., returned check(s), outstanding account balances, etc.
2. This authorization does not exempt you from paying any additional service charges or late fees not covered under this agreement.
3. **Termination** of this agreement must be **in writing** to the Financial Management Division a minimum of **two weeks in advance of your desired withdrawal date**. If written notice has not been received, your card will continue to be charged in accordance with this agreement.
4. This delegation of authority cannot be re-delegated and is valid until formally modified, suspended, or cancelled.
5. The Joint Base Myer-Henderson Hall Family and Morale, Welfare, and Recreation (FMWR) or Family and Morale, Welfare and Recreation Command (FMWRC) will not be responsible for any additional charges a customer could incur from their bank or credit card company if an overdraft on a check card or credit limit occurs.

### **Privacy Act Disclosure:**

**Purpose:** To provide automated payments for the convenience of the customer for debts owed to Joint Base Myer-Henderson Hall Family, and Morale, Welfare and Recreation. Refusal to provide requested information will require customers to be present for scheduled payments. Information will be securely maintained and destroyed upon full payment of debt.

Cardholder Signature:

For Office Use Only: GLAC

Standard NAFI #

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"This document conforms to the privacy act of 1974:10 USC 30 31"