



## 2020 SOCIAL ASSOCIATE MEMBERSHIP APPLICATION

LMOA | 41 Ashlawn Boulevard | Lake Monticello, VA | 22963-3330  
(434) 589-8263 | Fax (434) 589-5696

WWW.LMOAVOICE.ORG

*Social Associate Memberships are authorized annually by the Board of Directors of the Lake Monticello Owners' Association. The following regulations and policies apply to a Social Associate Membership. PM 20.01*

### DEFINITION

An Associate Membership is a class of membership established by the Board of Directors which provides use of specific amenities without being an owner of a residential building lot in Lake Monticello. An Associate Member is not a voting member of the Association. Members of an Associate Member's family (spouse and dependent children who reside with the Associate Member) have the same privileges as the Associate Member. Associate Memberships are issued for one calendar year from the date of payment.

### APPLICATION FOR MEMBERSHIP

Applications for Social Associate Memberships are available at the LMOA Administration Office at the Main Clubhouse and at the Association's website [www.lmoavoice.org](http://www.lmoavoice.org).

### PRIVILEGES AND OBLIGATIONS

Social Associate Members may use the Clubhouse, beaches, playgrounds, and baseball field, and may participate in scheduled member events and activities at the Clubhouse, swimming pool, tennis courts and golf course. Use of the swimming pool, tennis courts and golf course requires an additional daily or annual fee at membership rates. Social Associate Members may register kayaks and canoes for Lake use but are not eligible to rent storage racks.

Members shall be responsible for all debts and acts by their spouse, dependent children and guests.

### RESTRICTIONS – GUESTS OF ASSOCIATE MEMBERS

The number of guests shall be restricted to three (3) at one time, unless prior approval has been obtained from the General Manager or a designated staff member. Guests of Social Associate members shall be restricted to use of the amenities no more than once every thirty (30) days. These restrictions shall not apply to guests utilizing the Food Services amenities in the company of the Associate Member.

### IDENTIFICATION

Amenity cards shall be issued to the Social Associate member, spouse and dependent children, for entrance to the community and the amenities.

### GATE ACCESS

Social Associate members may, upon written application and payment of the applicable yearly fee, (\$10 per barcode) be issued not more than two (2) gate access devices. Use of the gate access devices shall be subject to the provisions of LMOA policy PM 19.03.

### REVOCAION OF MEMBERSHIP

The failure of a Social Associate Member, spouse, dependent child or guest to comply with LMOA rules and regulations may result in temporary suspension of Membership privileges and/or revocation of the Membership. Revocation of the Membership requires action by the Board of Directors.



**2020 SOCIAL ASSOCIATE MEMBERSHIP APPLICATION**

LMOA | 41 Ashlawn Boulevard | Lake Monticello, VA | 22963-3330  
(434) 589-8263 | Fax (434) 589-5696

WWW.LMOAVOICE.ORG

**2020 SOCIAL ASSOCIATE MEMBERSHIP AND AMENITY USE FEES**

**MEMBERSHIP FEES**

Annual Family Membership .....\$ 887.18

**POOL FEES**

Family Unit (4 or more dependent family members ages 5 years or older).....\$ 350.00

Individual Membership.....100.00

Daily – Individual (5 years or older/ Children under 13 must be accompanied by a paying Adult) .....6.00

\*Daily – Individual (four years old or younger – Must be accompanied by a paying Adult).....NO FEE

Daily – Lap Swim (7AM – 9AM).....2.00

Trip Card, 10 Admissions (no expiration).....50.00

Trip Card, 20 Admissions (no expiration)..... 90.00

Seasonal Lap Swim ONLY (7AM – 9AM).....40.00

Swimming lessons are available for an additional fee. All memberships are honored during the year of issuance ONLY and are NOT refundable.

\*Age as of May 23, 2020. Adult must pay daily rate if not a member.

**TENNIS FEES**

Annual – Individual.....100.00

    Couple.....170.00

**KAYAK/CANOE REGISTRATION** .....30.00



## 2020 SOCIAL ASSOCIATE MEMBERSHIP APPLICATION

LMOA | 41 Ashlawn Boulevard | Lake Monticello, VA | 22963-3330  
 (434) 589-8263 | Fax (434) 589-5696

WWW.LMOAVOICE.ORG

\_\_\_\_\_NEW      \_\_\_\_\_RENEWAL

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE: (H)** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **(W)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Email: \_\_\_\_\_

**TYPE OF MEMBERSHIP**

Annual Family	\$ 887.18		_____
Family Pool Membership	350.00		_____
Individual Pool Membership, all ages	100.00	# _____	_____
(Children under 13 must be accompanied by a paying Adult)			
Individual Pool Membership less than 5 years		# _____	No Fee
(Children four years old or younger are free and must be accompanied by an adult w/paid membership)			
Individual Tennis Membership	100.00	# _____	_____
Couple's Tennis	170.00		_____
Kayak/Canoe Registration	30.00	# _____	_____

**TOTAL** \_\_\_\_\_

**FAMILY SOCIAL MEMBERSHIPS:**

<u>Member's Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Pool</u>	<u>Tennis</u>
1. _____			[ ]	[ ]
2. _____			[ ]	[ ]
3. _____			[ ]	[ ]
4. _____			[ ]	[ ]
5. _____			[ ]	[ ]
6. _____			[ ]	[ ]
7. _____			[ ]	[ ]

*DEPENDENCY REQUIREMENTS: A family unit shall be defined as a parent or parent(s) and their single, dependent children (claimed on their income tax). Children must be 18 years of age or younger or a full time undergraduate college student. Dependents over the age of 18 must provide a valid college ID card. Legal place of residence is not a criteria for meeting dependency requirements.*



## 2020 SOCIAL ASSOCIATE MEMBERSHIP APPLICATION

LMOA | 41 Ashlawn Boulevard | Lake Monticello, VA | 22963-3330  
(434) 589-8263 | Fax (434) 589-5696

WWW.LMOAVOICE.ORG

### REFUNDS

Refunds of membership fees shall not be granted to a member whose membership is revoked; or who relocates from the Lake Monticello vicinity; or has not utilized or no longer wishes to utilize the membership. Memberships are not transferable.

I have read and understand the conditions of membership. If accepted for Social Associate membership, I agree to abide by the conditions set forth for Social Associate Membership.

---

Signature of Applicant

---

Date

*Upon approval, completion of this application constitutes a contract between LMOA and the applicant.*

---

General Manager/Designee

---

Date

---

---