

# 2017 POPLAR HEIGHTS SHAREHOLDER REGISTRATION FORM

Please fill in completely to allow us to keep our records complete and accurate.

Please type or print clearly. This form is available on-line at [www.poplarheights.org](http://www.poplarheights.org)

Fill out, print, and mail in with your check.

Name: \_\_\_\_\_ Share No. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ VA Zip Code \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home/Other Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ (Please print your email clearly)  
 Email Address: \_\_\_\_\_ (Please print your email clearly)

## Names of All Family Household Members:

#1 Self \_\_\_\_\_  
 #2 Spouse/Other \_\_\_\_\_

Children/Other*	Relationship	Birthday
#3 _____	.....	____/____/____
#4 _____	.....	____/____/____
#5 _____	.....	____/____/____
#6 _____	.....	____/____/____

No dues are required for children under the age of 1 as of September 30, 2017.

<b>DUES</b>			
1 Person	\$440	4 People	\$530
2 People	\$470	5 People	\$560
3 People	\$500	6 People+	\$590

**Inactive Fees**  
**1<sup>st</sup> Year- \$75; 2<sup>nd</sup> Year- \$150; 3+Years- \$300**

Member Dues are Payable by:  
 April 30, 2017

Mail Payment To:  
 PHRA  
 P. O. Box 355  
 Falls Church, VA 22040

**Other:**  
 Parents, grandchildren, summer residents in your residence. Child care providers must be listed and appropriate fees paid. If provider has children who wish to use the facility add an additional \$30 for each child.

If you were **inactive last year**, and wish to become inactive again this year, please pay the appropriate amount or your check will be returned. Maximum fee in 2017 is \$300.

Dues (from chart): ..... \_\_\_\_\_  
 Inactive Fee (Members) from chart..... \_\_\_\_\_  
**Late Charge:** ..... \_\_\_\_\_  
(After 4/30: \$50, After 5/15: \$100) (New 2017)  
 Total Amount Enclosed: ..... \_\_\_\_\_

**Note: Dues are payable by April 30<sup>th</sup>. Late fees will be assessed accordingly if postmarked after April 30 per PHRA's bylaws. Returned checks for insufficient funds: Fee: \$25**

**By signing below, I agree to abide by the PHRA Rules and Regulations.**

\_\_\_\_\_ Signature