

# New Membership Application - Summer 2026

Starmont Club, Inc

% Reneé Veasey

202 Faith Court

Danville, VA 24540

[starmontpool@gmail.com](mailto:starmontpool@gmail.com)

A private, social club organized for the purpose of operating a swimming pool and other recreational activities for members and their families. I hereby make an application to be a member of Starmont Club, Inc. I agree to follow the club rules, the instructions of club employees on duty, and the club premises of Starmont Pool, Inc.

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone No: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone No: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone No: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Children who live in your home up to 25 years old and grandchildren under 18 can be listed on the membership:

Name:

Circle One

1. \_\_\_\_\_

\_\_\_\_\_

Child/Grandchild

2. \_\_\_\_\_

\_\_\_\_\_

Child/Grandchild

3. \_\_\_\_\_

\_\_\_\_\_

Child/Grandchild

4. \_\_\_\_\_

\_\_\_\_\_

Child/Grandchild

Payment of family membership as follows (payment not required with application):

\$300.00 Initiation Fee (one time fee)

~~+\$500.00~~ Annual Dues (subject to change)

\$800.00

~~-\$100.00~~ Discount on the Initiation Fee until July 4th, 2026

\$700.00 (If paid in full by April 15, 2026 then \$650)

Membership is contingent upon formal approval by the Board.

The member must be endorsed by two current members from different families or two professional references. These references will be contacted. Please include their name, number and how you know them.

1. \_\_\_\_\_

2. \_\_\_\_\_

I have read and understand all the rules and policies of Starmont Pool.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you would like to use a credit card, please complete this portion to authorize the charge of \$675 by April 15 or \$725 after April 15.

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card#

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
CVV

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only: Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Ck#: \_\_\_\_\_ CC: \_\_\_\_\_ Pd Amt: \_\_\_\_\_