KRA 2020 DUES STATEMENT

PAYABLE BY MARCH 20, 2020

Regular Membership $825.00
Senior Membership $525.00
Late Fee Charge $50.00

Dues may be paid online (www.krarva.org) by charge card or check. There will be a service charge added. You may also pay by electronic check or by mailing a check.

Dues must be received by March 20, 2020 at:
Kanawha Recreation Association
P.O. Box 29656
Henrico, VA 23242

Payments with a postmark of:
° March 21, 2020 through April 4, 2020 will be subject to the late fee of $50.00
° April 5, 2020 or later will be deemed delinquent, and the member may be dropped from membership as provided in Bylaws Article III, Section 10(b).
° Any check returned for any reason for which KRA incurs a charge by our bank will have that charge passed on to the respective member.

Regardless of how you submit your payment, YOU WILL NEED TO DOWNLOAD THIS FORM AND MAIL IT TO THE ABOVE ADDRESS or ATTACH IT TO AN EMAIL TO: info@krarva.org. BE SURE TO INDICATE YOUR METHOD OF PAYMENT. There is a second page to this form, but that needs to be submitted ONLY IF THERE ARE CHANGES TO YOUR FAMILY’S LISTING IN THE KANAWHA DIRECTORY. PRINT NEATLY! EMAIL ADDRESSES CAN BE DIFFICULT TO READ! PLEASE DO NOT CUT THIS FORM. Send both pages if your directory listing needs to be updated.

LAST NAME(S): _____________________________________________________________

FIRST NAMES OF ADULT(S): _______________________________________________

EMAIL ADDRESS(ES): _____________________________________________________

________________________________________________________________________

TYPE OF PAYMENT (Check one): _____ Check Enclosed _____ Electronic Check

_____ Online

If your 2019 directory listing is correct, this first page is all you need to send. If your directory listing needs to be updated, please be sure to send the second page, too.
DIRECTORY UPDATE PAGE

If you are new to KRA in 2020, or if you joined in 2019 too late to be in the directory, please fill out this page. If you are listed in the 2019 directory, please check your listing, and fill out this page only if there are changes or corrections that need to be made. If you have very young children who are not in the 2019 directory, please list them here.

Last Name: _____________________________________________________________

Street Address and Zip Code: _____________________________________________

Primary Phone Number with Area Code: _________________________________

CHILDREN:

Name ___________________________ Birthday (Month/Year) ________________

Name ___________________________ Birthday (Month/Year) ________________

Name ___________________________ Birthday (Month/Year) ________________

Name ___________________________ Birthday (Month/Year) ________________

Name ___________________________ Birthday (Month/Year) ________________

Name ___________________________ Birthday (Month/Year) ________________

Name ___________________________ Birthday (Month/Year) ________________

(Add more lines if necessary.)