



LAUREL HILL COMMUNITY ASSOCIATION
8380 Laurel Crest Drive – Lorton, VA 22079
Management Office: 703.493.8961 | Fax: 703.493.8962



2026 ASSOCIATE MEMBERSHIP FORM & INVOICE FOR TRITONS SWIM TEAM

- * Please return the completed form and payment check to the management office as directed below. *
- * **Please Note:** This *Associate Membership Form* is for those joining the Laurel Hill Tritons Swim Team *

PRICING:

- o \$330.00

ASSOCIATE MEMBERSHIP DETAILS:

- o Full access to the pool for the entire 2026 Pool Season – Memorial Day to Labor Day.
- o You will have a pool account with CellBadge to gain access to the pool.

CONTACT INFORMATION:

LAST NAME	
ADDRESS	
PHONE	<input type="checkbox"/> Cell <input type="checkbox"/> Home
EMAIL	

TRITONS SWIMMER INFORMATION:

Please list the name(s) and age(s) of Tritons swimmer(s):

Make Checks Payable To:
 Laurel Hill Community Association (LHCA)

Send or Drop-Off Form & Payment:
 Laurel Hill Community Association
 Attn: Amy Van Norman
 8380 Laurel Crest Drive – Lorton, VA 22079

Email: amy.vannorman@cardinalmanagementgroup.com

Tritons Information: <https://www.lhtritons.org/> | Info@lhtritons.org and teamreps@lhtritons.org

Office Use:

Date Received: _____ Check Amount: _____ Check Number: _____

Added to CellBadge: _____ Date Valid in CellBadge: _____