

**ADULT/FAMILY MEMBERSHIP
APPLICATION**

NAME _____ DATE OF
BIRTH _____
SPOUSE'S NAME _____ DATE OF
BIRTH _____
ADDRESS _____
PHONE _____
CITY, STATE,
ZIP _____
EMPLOYER _____
OCCUPATION _____

Email address _____

In case of an Emergency (must have someone):

NAME _____
PHONE _____

FOR FAMILY APPLICANTS ONLY:

LIST ALL CHILDREN UNDER 18 TO BE INCLUDED ON FAMILY MEMBERSHIP:

1. NAME _____ SEX ___ DATE OF
BIRTH _____
2. NAME _____ SEX ___ DATE OF
BIRTH _____
3. NAME _____ SEX ___ DATE OF
BIRTH _____
4. NAME _____ SEX ___ DATE OF
BIRTH _____
5. NAME _____ SEX ___ DATE OF
BIRTH _____

*I understand that before my application is accepted, the Association reserves the right to refuse my application without giving cause. Membership fees are non-refundable or transferable to another person. This membership is continuous, unless written notice is given to the contrary. I agree to abide by these rules and regulations of the Association. I understand that a violation of these rules and regulations will result in an immediate suspension of my membership privileges without refund of paid fees. **Members are required to attend an orientation. If 24 hours notice is not given to cancel an orientation member will be charged for an orientation rate.***

DATE _____ SIGNATURE _____

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FOR OFFICE USE ONLY

NEW _____ PARENT/CHILD _____ TODAY'S DATE _____

RENEW _____ HUSBAND WIFE _____ RECEIPT# _____

ADULT MALE _____	SENIOR _____	AMOUNT PAID _____
ADULT FEMALE _____	STUDENT _____	BALANCE DUE _____
3 MONTH _____	CLERGY _____	EXPIRATION DATE _____
	FAMILY _____	PHOTO ID# _____
	HOUSEHOLD _____	Monthly Draft _____