



Membership Application

Name _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Business/Employer _____ Cell Phone _____

Email Address: _____ Mobile Phone _____

2nd Adult Member

Name _____ Email Address _____

Business/Employer _____ Phone _____

Dependents – under 21 yrs.

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Please check type of membership you are applying for and circle desired payment plan.

_____ Individual _____ Monthly (\$30) _____ 6 Month (\$165) _____ 12 Month (\$330)

_____ Family _____ Monthly (\$45) _____ 6 Month (\$247) _____ 12 Month (\$495)

_____ Senior (62+) _____ Monthly (\$25) _____ 6 Month (\$137) _____ 12 Month (\$275)

_____ Senior Couple _____ Monthly (\$40) _____ 6 Month (\$220) _____ 12 Month (\$440)

****1/2 month discount for 6 month membership, full month discount for 12 month membership****

Member Agreement

I agree to abide by rules and regulations of the facility. I agree to pay all prevailing monthly dues so long as I or any of my other immediate family members retain any membership. I understand my membership is nontransferable & dues are subject to change. **Dues will post the 1st of every month. If not paid by the 5th day, accounts will be alerted on the computer at check-in. Bills will be sent out the 10th of the month to any member with unpaid charges. Membership will be considered active until member calls / emails to cancel.**

Signature: _____ Date: _____

Office Use Only	
Membership #: _____	Amount Paid: _____
Additional Membership #'s: _____	
Payment Method: Check number: _____	Cash EFT