



Membership Application

Name _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Business/Employer _____ Cell Phone _____

Email Address: _____

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 the 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 and dues are subject to change. **Payments are due by the 25th day of each month. If not paid by the 30th, accounts will be considered inactive until charges are paid. If a member loses their key fob, a \$7 charge will be billed to the member to account for the cost of the fob.**

Signature _____ Date _____

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