



Membership Category:	
<input type="checkbox"/>	Community
<input type="checkbox"/>	60+
<input type="checkbox"/>	Chamber
<input type="checkbox"/>	Alumni
<input type="checkbox"/>	Pastor
<input type="checkbox"/>	Corporate

Membership Type:	
<input type="checkbox"/>	Individual
<input type="checkbox"/>	2-Person
<input type="checkbox"/>	3+ Household
<input type="checkbox"/>	4+ Household
<input type="checkbox"/>	5+ Household
<input type="checkbox"/>	6+ Household

Community Membership Application

HEAD OF HOUSEHOLD**

Name: _____ WAIVER ID

Home Address: _____ Date of Birth: ___/___/___

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Corporate Employer: _____ *(for corporate applicants only)*

****Notice: The applicant designated as Head of Household will be held responsible for all billing payments for the household. All other adult applicants in household (18 years and older) MUST have their names listed below, will need to show proof of household address, and sign a Waiver and Release of Liability.**

ADDITIONAL ADULT HOUSEHOLD MEMBERS**

Name: _____ Date of Birth: ___/___/___ WAIVER ID

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Name: _____ Date of Birth: ___/___/___ WAIVER ID

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Name: _____ Date of Birth: ___/___/___ WAIVER ID

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Name: _____ Date of Birth: __/__/__ WAIVER ID
Phone: _____ Email: _____
Emergency Contact: _____ Phone: _____

Name: _____ Date of Birth: __/__/__ WAIVER ID
Phone: _____ Email: _____
Emergency Contact: _____ Phone: _____

MINOR CHILDREN IN HOUSEHOLD***

For each Parent/Guardian, please list all minor children included in the *Household membership*.

Name of Parent/Guardian: _____
Child's Name: _____ DOB: __/__/__
Child's Name: _____ DOB: __/__/__
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Child's Name: _____ DOB: __/__/__
Child's Name: _____ DOB: __/__/__

Name of Parent/Guardian: _____
Child's Name: _____ DOB: __/__/__
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Child's Name: _____ DOB: __/__/__

***** Children below the age of 14 must be supervised by a parent or guardian at all times while in the health complex. Children who are 14 years old and above are eligible to have their own card and utilize the facility without adult supervision.**