



Membership Application

Date

Bank Draft Paid In Full (PIF)

First Name		Last Name		
Street Address		City	State	Zip
Email				
Primary Phone	Employer		Gender	Date Of Birth
Parent/Guardian (if Member is under 18)		Emergency Contact Name		
Relationship To Member			Phone	

Additional Family Members *(Complete for Family/Couples Membership Only)*

Spouse/2nd Adult's Name		Date Of Birth	Gender	Phone
Email				
Child's Name		Date Of Birth	Gender	
Child's Name		Date Of Birth	Gender	
Child's Name		Date Of Birth	Gender	
Child's Name		Date Of Birth	Gender	
Child's Name		Date Of Birth	Gender	

Membership Category *(Monthly Draft/Paid In Full)*

<input type="radio"/> Adult \$69.00/\$828.00	<input type="radio"/> Family 2 Adult \$119.00/\$1428.00	<input type="radio"/> Senior Couple \$75.25/\$903.00
<input type="radio"/> Adult Couple \$102.75/\$1233.00	<input type="radio"/> High School \$28.00/\$336.00	<input type="radio"/> Young Adult \$39.00/\$468.00
<input type="radio"/> Family 1 Adult \$92.25/\$1107.00	<input type="radio"/> Senior \$50.00/\$600.00	<input type="radio"/> Youth \$9.75/\$117.00

Payment Information *(Complete for Monthly Draft or Paid In Full)*

For Internal Use Only

Payment Type Entered Into Profile Card Scanned Into Profile

<input type="radio"/> Check	Bank Draft
Credit Card	<input type="radio"/> Savings <input type="radio"/> Checking
<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> AMEX <input type="radio"/> Discover	_____
Credit Card Number	Bank Name
Expiration Date	Account Number
	Routing Number

I authorize the Whitin Community Center to collect payment from the above information.

Signature _____ Date _____

