



Fitness. Family. Community.

# Membership Application

Date

New

Renewal

Bank Draft

Paid In Full (PIF)

### Primary Adult

**First Name\***     **Middle Name**     **Last Name\***  
 **Date Of Birth\***     **Gender Identity\***     **Race**  
 **Primary Phone\***     **Email\***  
 **Emergency Contact First Name\***     **Emergency Contact Last Name\***     **Emergency Contact Phone\***  
 **Primary Adult Address Line 1**     **Primary Adult Address Line 2**  
 **City**     **State**     **Zip**     **Cell/Other Phone**     **Allow SMS Text?**  
 **Primary Language**     **Employer**     **How did you hear about us?**     **Areas of Interest**

### Youth or Other Unit (Household) Members (more can be added on other side)

**First Name**     **Middle Name**     **Last Name**  
 **Date Of Birth**     **Gender Identity**     **Race**  
 **Primary Phone**     **Email**

**First Name**     **Middle Name**     **Last Name**  
 **Date Of Birth**     **Gender Identity**     **Race**  
 **Primary Phone**     **Email**

### Membership Type

Adult     Family 2 Adult     Senior Couple  
 Adult Couple     High School     Young Adult  
 Family 1 Adult     Senior     Youth  
 Military/First Responder/Veterans Discount (proof required)

### Discount

**Promo:** \_\_\_\_\_    **Corporate:** \_\_\_\_\_  
**Other:** \_\_\_\_\_    **SilverSneakers/Renew Active #:** \_\_\_\_\_

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

Check     Bank Draft (Monthly only)  
 Credit Card     Savings     Checking  
 Visa     Mastercard     AMEX     Discover  
 \_\_\_\_\_ **Bank Name**  
 \_\_\_\_\_ **Account Number**  
 \_\_\_\_\_ **Expiration Date**     \_\_\_\_\_ **Routing Number**  
I authorize the Whitin Community Center to collect payment from the above information.  
 \_\_\_\_\_ **Signature**     \_\_\_\_\_ **Date**

