



Membership Type:

- Individual
- 2-Person
- 3+ Household
- 4+ Household
- 5+ Household
- 6+ Household

Membership Category:

- Community
- Corporate
- Chamber
- Alumni
- Pastor
- Veteran/Military
- 60+

Membership Application

HEAD OF HOUSEHOLD**

Name: _____ 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: ___/___/___ ID

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

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

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

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

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

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

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

MINOR CHILDREN IN HOUSEHOLD***

Parent/Guardian(s), please list all minor children included in the *Household membership*.

Name of Parent/Guardian: _____

Child's Name: _____ DOB: __/__/__

Child's Name: _____ DOB: __/__/__

Child's Name: _____ DOB: __/__/__

Child's Name: _____ DOB: __/__/__

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 & above are eligible to have their own card & utilize the facility without adult supervision.**