

MEMBERSHIP INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apt/Unit # City State Zip Code

Date of Birth: ____/____/____ Phone: (____)-____-____ Email _____

Emergency Contact: _____ **Emergency Phone #:** (____)-____-____

Additional Member

Spouse: _____ Date of Birth: ____/____/____ Phone: (____)-____-____

Additional Member: _____ Date of Birth: ____/____/____ Phone: (____)-____-____

Additional Member: _____ Date of Birth: ____/____/____ Phone: (____)-____-____

Additional Member: _____ Date of Birth: ____/____/____ Phone: (____)-____-____

Membership Type:

- Individual (\$50.00)
- Family (\$80.00)
- Senior (\$40.00)
- Senior Adult w/Spouse (\$75.00)

*NO CHILDREN UNDER THE AGE OF 15 ARE ALLOWED IN FITNESS/POOL AREA.

<p>PAYMENT: Name on Card: _____ Card Type: _____ Card Number: _____ Expiration Date: ____/____ CVC: ____</p>
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FEES

Monthly Membership Fee: _____ Prorated Amount: _____ Application Fee: **\$30.00** Total: _____

I understand that I will give at least 30 days written notice prior to cancellation. I have signed an Express Assumption of Risk Form. I have received a copy of the Wellness Center Rules. I understand that by signing, I give consent for CWC to charge a recurring monthly membership fee until further notice.

Signature: _____ Date: ____/____/____ Member #: _____

Paid

- Cash \$ _____
- Check \$ _____

NOTE: Monthly Membership Fees are due the first of each month.