



## MEMBERSHIP APPLICATION 2025

**One-Time Registration Fee: \$30.00**

Extra children: \$5.00 Monthly

Types	Electronic Check	Credit/Debit Card Monthly	Three Months	Six Months	One Year (Exempt from Registration Fee)
<b>Single Adult</b>	\$30	\$32	\$85	\$170	\$330
<b>Adult Couple</b> (Must live at	\$40	\$42	\$120	\$240	\$440
<b>Family</b> (2 Adults & 3 children < 18)	\$50	\$52	\$150	\$300	\$550

Name: \_\_\_\_\_ Primary Member

Circle one: Male/Female      DOB \_\_\_/\_\_\_/\_\_\_      Cell Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Join Date: \_\_\_\_\_ Key Fob ID: \_\_\_\_\_

**Additional Members and Other Information:**

Spouse's/Child/ren's Name	Birthdate	M/F	Age

## PAYMENT INFORMATION

### CHECKING ACCOUNT

Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### CREDIT/DEBIT CARD

Type of Card:      Visa                      Mastercard                      American Express  
Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      CVS: \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_      Zip Code of Card Holder: \_\_\_\_\_

***This authorization remains in effect until the staff has received a signed 30 day cancellation form indicating my desire to discontinue my membership.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***In consideration of gaining membership or being allowed to use facility, including equipment, pool, and/or programs of the TLFWC in addition to the payment of any fee or charge, I DO hereby waive, release, and forever discharge the Center and it's officers, agents, staff, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment, pool or machinery in the above mentioned facilities or arising out of my participation in activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent acdt or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the Center or the use of any equipment at the Center. I agree to adhere to all the policies set by the Center as written in the Center Membership Policies.***

***\*\*At any time, the TLFWC Director and/or Board Chairman reserves the right to cancel Membership due to inappropriate behavior or lack of payment.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_