



## MEMBERSHIP APPLICATION

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

**Extra CHILDREN \$5.00**

	MONTHLY BANK DRAFT	MONTHLY CREDIT/DEBIT CARD	THREE MONTHS	SIX MONTHS	ONE YEAR
SINGLE ADULT (18-64)	\$30	\$32	\$85	\$170	\$330
ADULT COUPLE (MUST LIVE IN SAME HOUSEHOLD)	\$35	\$40	\$100	\$200	\$385
FAMILY (TWO ADULTS AND THREE CHILDREN <18)	\$45	\$51	\$130	\$260	\$495

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

M  F DOB \_\_\_/\_\_\_/\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

Relationship \_\_\_\_\_

Join Date \_\_\_/\_\_\_/\_\_\_ Card ID \_\_\_\_\_

#	Spouse/Children's First, MI, Last Name	Birth Date	M/F	Grade
1		/ /19		NA
2		/ /20		
3		/ /20		
4		/ /20		
5		/ /20		

## PAYMENT INFORMATION

### CHECKING OR SAVINGS

Financial Institution \_\_\_\_\_

City, State \_\_\_\_\_ Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

### CREDIT/DEBIT CARD

Type of card:      VISA                      MASTERCARD                      AMERICAN EXPRESS

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

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

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

In consideration of gaining membership or being allowed to participate in the activities and programs of the Twin Lakes Family Wellness Center (Center) and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the Center and its officers, agents, employees, 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 or machinery in the above mentioned facilities or arising out of my participation in any 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 act 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 policies set by the Center as written in the Center Membership Policies.

At any time, the TLFWC Board reserves the right to cancel membership.

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