

# UNION SPRINGS

CENTRAL SCHOOL DISTRICT

## FITNESS CENTER

### MEMBERSHIP APPLICATION

#### APPLICANT INFORMATION

Name:	DOB: / /	Gender (circle): M F
Home Phone:	Cell Phone:	Email:
Current Address:		
City:	State:	ZIP Code:

#### EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:		
City:	State:	ZIP Code:
Work Phone:	Email:	Occupation:

#### EMERGENCY CONTACT

Name:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

#### SPOUSE INFORMATION (JOINT MEMBERSHIP ONLY)

Name:	DOB: / /	Gender (circle): M F
Home Phone:	Cell Phone:	Email:
Current Address:		
City:	State:	ZIP Code:

## MEMBERSHIP APPLICATION

### SPOUSE EMPLOYMENT INFORMATION (JOINT MEMBERSHIP ONLY)

Current Employer:

Employer Address:

City:	State:	ZIP Code:
Work Phone:	E-mail:	Occupation:

### CHILDREN (JOINT MEMBERSHIP ONLY)

Name:	DOB: / /	Gender (circle): M F
Name:	DOB: / /	Gender (circle): M F
Name:	DOB: / /	Gender (circle): M F
Name:	DOB: / /	Gender (circle): M F
Name:	DOB: / /	Gender (circle): M F

### SIGNATURES

I have reviewed and fully understand the Union Springs CSD Fitness Center information provided to me including the expected member conduct, hours of operation, membership eligibility, and fee and payment information. I accept the terms and conditions of the membership in the Fitness Center.

Signature of Applicant:	Date:
Signature of Spouse <i>(joint membership only)</i> :	Date:
Signature of Child <i>(if over the age of 18)</i> :	Date:

### FOR OFFICE USE ONLY

Category (Staff/Resident):	Membership Start Date:	Total Membership Fees Due:
Payment (Cash/Check #):	Date Received:	Received By:

**Membership Rates: Individual - \$50 | Family - \$75**