



MEMBER INFORMATION

Please print clearly									
First Name:	Last Name:				ID Card#:				
Street Address:			Cit	City:				Zip Code:	
Phone Number:									
Other family members includer are under 24 years of age and attended 15-17 years of age must be accompanied.	ded on the	his memb full time. Ch	e rship: Fai ildren under 1	mily member	rships are for	parent(s) a	and dependen	nt children w	
Spouse's first name:		Last N	ame(if different):				ID Card#:		
Children's first name:	Last Name(if different):						ID Card#:		
									
my family's own risk. I agree to hold I/we may incur as a result of particip courses showing 12 credits or modern or Parental Signature.	ation. Stud ore of aced	dent membe emic study.	erships are fo	or full-time	high school	or college		th a list of	
_									
Single Area Membership:	Student		Adult		Couple		Family		
	Summer*	Annual	6 Month	Annual	6 Month	Annual	6 Month	Annual	
Deamyothell (DED)	\$35	\$65	\$70	\$110	\$105	\$185	\$140	\$240	
Racquetball (RED) Public Ice Skating (YELLOW)									
Fitness Center (ORANGE)									
Pool (BLUE)									
Full Membership: (Includes all 4 areas listed above) (GREEN)	Student		Adult		Couple		Family		
	Annual		6 Month	Annual			6 Month		
	\$1	30	\$110	\$200	\$185	\$330	\$240	\$400	
Unlimited Membership: (Includes Fitness	Single		Single		Couple		Couple		
Center & Unlimited (YELLOW) Group Fitness Classes)	1 Month	3 Month	6 Month	Annual	3 Month		6 Month	Annual	
	\$45	\$120	\$210	\$384	\$180		\$317	\$576	
*Summer Special: Fitness Center students with a list of courses show a Greenheck Field House ID card)									
A membership renewal notice will be	sent to the	above addres	ss prior to you	r expiration d	late.				
For Office Use Only									
Amount Due:				Expiration Date			(s):		
Registration Date:	_								
Entered Date:									