



Edward M. Armfield, Sr. Civic and Recreation Center, Inc. Membership Application

New Membership
 Re-Activate
 Information Change
 Other

First Name _____ MI _____ Last Name _____

Address _____ City _____ County _____ State _____ Zip _____

Date of Birth _____ Join Date _____

E-Mail Address _____ Cell Phone # _____

Home Phone # _____ Business Phone # _____

Emergency Name _____ Emergency Phone # _____

Responsible Party (IF YOUTH MEMBERSHIP) _____

Address (IF DIFFERENT) _____

Spouse _____ DOB _____ Sex _____

Dependent _____ DOB _____ Sex _____

Dependent _____ DOB _____ Sex _____

Dependent _____ DOB _____ Sex _____

Dependent _____ DOB _____ Sex _____

Dependent _____ DOB _____ Sex _____

Office Use Only	Membership Type	Joiners Fee*	Yearly Fee With Discount	Monthly Bank Draft
Yearly Monthly	Family Husband & Wife / Children	\$100.00	\$785.00	\$71.00
Yearly Monthly	Senior Couple (55-61)	\$50.00	\$590.00	\$53.00
Yearly Monthly	Super Senior Couple (62 +)	\$45.00	\$555.00	\$50.00
Yearly Monthly	Senior (55-61)	\$30.00	\$370.00	\$33.00
Yearly Monthly	Super Senior (62+)	\$25.00	\$335.00	\$30.00
Yearly Monthly	Adult (19-54)	\$75.00	\$480.00	\$43.00
Yearly Monthly	Teen (9 th -College)	\$25.00	\$280.00	\$25.00
Yearly Monthly	Youth (6 th -8 th)	\$25.00	\$255.00	\$23.00
Yearly Monthly	Child (K-5 th)	\$25.00	\$225.00	\$20.00
Yearly Monthly	Service Organizations Law Enforcement / EMS / Fire / Military/ Educators	\$25.00	N/A	\$30.00 \$65.00
Yearly Monthly	Sr. Walking Track	\$25.00	\$280.00	\$25.00
Yearly Monthly	Sr. Walking Track Couple	\$40.00	\$445.00	\$40.00
Family Individual	Corporate	N/A	N/A	\$30.00 \$60.00
Monthly Only	College Plan / Summer & Breaks	N/A	N/A	\$95.00

MEMBERSHIP INFORMATION: If account information is provided, I hereby authorize the Edward M. Armfield, Sr. Civic and Recreation Center, Inc. (hereafter known as Center) to draft the cost of my membership from the bank account indicated on my bank draft form. **I understand that a Center bank draft is continuous until a bank draft cancellation form is signed in person at the Center.** The Center requires 30 days notice to terminate bank draft memberships. I understand that the Center reserves the right to suspend or terminate membership privileges and to increase membership fees with a 30 day notification. Membership types and their corresponding rates are automatically calculated by age at the time of the monthly draft, or on the day that an annual membership is paid. I understand that membership fees are **not refundable** and membership cards are not transferable. All account information is strictly confidential.

LIABILITY WAIVER: I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Edward M. Armfield Sr. Civic and Recreation Center, Inc. (hereafter known as Center) or their respective agents, representatives, successors, and assigns for any injuries which may be suffered by me in connection with my participation of any activities sponsored by the Center. I understand that I am responsible for monitoring my own condition throughout my activities at the Center. I know that as a new member I have the right to a Fitness Center orientation and a new member fitness evaluation.

I accept _____, waive _____, the fitness evaluation. (Initial One)

Support the Armfield Civic Center!

The Edward M. Armfield, Sr., Civic and Recreation Center, Inc., is a non profit organization that's primary focus is to support activities of the Center: Including, senior & children services, congregate meals, parks and recreation, meals on wheels and nature and hiking trails.

____ I would like to add my tax deductible contribution in the amount of \$_____ to my monthly draft to help the center continue to serve our community.

____ I do not wish to add to my monthly fees, but would like to be contacted during your annual fundraising drive.

____ I do not wish to donate money to the Armfield Civic Center, at this time.

PRIVACY COMMITMENT: As a valued member, we are committed to providing you with exceptional services. We want you to understand what information we collect is strictly confidential.

Applicant Signature _____ Date _____

Staff Signature _____ Date _____

For Office Use Only

Membership Fee	\$ _____	Cash Amount	\$ _____
Pro-Rated Amount	\$ _____	Check Amount	\$ _____
Re-Activation Fee	\$ _____	Check #	_____
Key Tag Activation Fee	\$ _____	Credit Card	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Scholarship Amount	\$ _____		<input type="checkbox"/> Debit
Total Amount	\$ _____	CC Amount	\$ _____

Notes:

