

Aquatics Center

Individual and Family Memberships

(membership is for general public access to pool only)



September 1, 2017 - April 30, 2018

Primary (Individual) Member Information – All information REQUIRED!

Last Name _____ First Name _____ MI _____

Phone (____) _____ - _____ Gender: _____ Renewal: Yes No

Email: _____

CHOOSE MEMBERSHIP PLAN

☐ Academic Plan (Fall & Spring) - Membership Expires April 30, 2018

		<u>Current Month</u>				<u># of months remaining before April 30</u>					<u>Rate / Cost</u>	<u>Sub-totals</u>		
Individual		8				7				6	5	X	\$22 / month	
<hr/>														
		<u>Current Month</u>		<u># of Months before April 30</u>		<u>X</u>		<u>Number of Family Members</u>			<u>Rate / Cost</u>	<u>Sub-totals</u>		
<input type="checkbox"/>	Add Family	8		7		6		5		X		\$10 / month		

Individual membership required in order to purchase family memberships.

Total Due Semester Plan:

☐ Semester Plan (Fall Semester) - Membership Expires December 31, 2017

		<u># of months remaining before December 31</u>				<u>Rate / Cost</u>	<u>Sub-totals</u>		
Individual	<u>Current Month</u>	4	3	2	1	X	\$22 / month		
		<u># of Months before Dec. 31</u>				<u>X</u>	<u>Number of Family Members</u>	<u>Rate / Cost</u>	<u>Sub-totals</u>
<input type="checkbox"/>	Add Family	4	3	2	1	X	X	\$10 / month	

Individual membership required in order to purchase family memberships.

Total Due Semester Plan:

Purchase Rec. Activities Membership for the following family members

Family Membership Policies

	Last Name	First Name	Relationship	Age	
1					-Membership only includes access to swimming pool and locker rooms. -Family Pool pass is only available for immediate family members: including: spouse, significant other, children, parents, or siblings. Extended family members must purchase separate pass. -Children under the age of 5 do not need to purchase a membership, but must be accompanied by adult. Children between 5 and 15 years of age must be accompanied by an adult.
2					
3					
4					
5					

I understand all terms and conditions listed on the reverse side of this form.

Signature: _____ Date: ____ / ____ / ____

Payment Method – To be filled out by Recreation Activities Employee

Cash \$ _____ Credit \$ _____ Check #: _____ Payroll Deduction \$ _____

Amount Due: \$

Rec Activities Staff _____ Date ____ / ____ / ____