



# MEMBERSHIP APPLICATION

Membership Number

Group Code 

NAME				
First Name	MI	Last Name	Birthdate	Gender

RESIDENCE			
Street	City	State	Zip

TELEPHONE/E-MAIL	
Home Phone	Cell Phone
E-Mail Address	

EMERGENCY
Emergency Contact Name and Phone Number

TELEPHONE/E-MAIL
Employer (used for discount purposes only)

MEMBERSHIP TYPE		
<input type="checkbox"/> Youth	<input type="checkbox"/> Senior	<input type="checkbox"/> Silver N Fit
<input type="checkbox"/> Adult	<input type="checkbox"/> Senior +1	<input type="checkbox"/> Active N Fit
<input type="checkbox"/> Adult +1	<input type="checkbox"/> Active Military	

I prefer to be contacted via:  mail  e-mail

FAMILY		
Name	Birthdate	Gender

LIABILITY
I understand that the Walker Area Community Center (WACC) assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility equipment, or other activities organized or sponsored by the WACC & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the WACC, I hereby voluntarily release and discharge the WACC, its agents, servants, and employees from any and all claims in injury, death, loss or damage that I or my child may suffer. I understand the WACC is NOT responsible for personal property lost or stolen while members and/or programs participants are using the WACC or on the WACC premises.

## PAYMENT OPTIONS AND TERMS

My WACC membership will be regarded as continuous until the time that I decided to terminate unless otherwise stated below. This authority allows the WACC to debit my account on a month-by-month basis. I agree that if for any reason I wish to change the status of my membership, I must give the WACC written notice 14 days in advance of my EFT date. I understand the WACC reserves the right to adjust my membership rates as necessary which I agree to pay upon with a 30 day advance written notice.

Initials  Staff Complete: Cancel Date  Prepaid Membership – Length \_\_\_\_\_ Month(s)

**Monthly EFT**  
I hereby authorize the WACC to debit my account indicated below. I understand that the debit will be initiated on the 20<sup>th</sup> of each month on a month-by-month basis. Should the bank, for any reason, not honor any debit, I am responsible for the payment, plus a service charge of \$25 applied by the WACC. I understand that it is my responsibility to notify the WACC in writing if I should change financial Institutions, get a new credit card, and/or make any changes to my account at any time.

**Corporate Membership**  
I understand that as part of the Corporate membership program I receive a special membership rate that is contingent on my active status with my employer. I also understand that if I'm no longer employed with the company offering this plan, my rate will change to the current base price.

Initials  **Credit/Debit Card**  
Name on card Credit Card Type  Exp  CID# Credit Card #  Checking/Attach Voided Check  Savings/Attach Deposit SlipName on Account  Routing # Account Number  Bank Signature  Date Initials 

## PHOTO RELEASE

I give permission to the Walker Area Community Center to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my image or voice for purposes of promoting Walker Area Community Center.

Initials 

## WHAT ACTIVITIES ARE YOU INTERESTED IN?

<input type="checkbox"/> Fitness Classes	<input type="checkbox"/> Running/Walking
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Senior Programs
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cardio Equipment
<input type="checkbox"/> Pickleball	<input type="checkbox"/> Strength Training
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Swimming	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Hockey/Skating	<input type="checkbox"/> Children's Programs
<input type="checkbox"/> Other <input type="text"/>	

## PAYMENTS

\$  Membership Rate\$  Locker – Number \$  Donation\$  Monthly EFT

STAFF USE ONLY

The Walker Area Community Center is a 501c3 nonprofit. The facility income is based on events, rental/user fees and donations. We are grateful for the support that we have received; to maintain the facility, reduce debt and keep the center open we need your help. Please consider making a donation today.