Membership Application

Fitness. Family. Community.

Date

☐ New ☐ Renewal

☐ Bank Draft ☐ Paid In Full (PIF)

Primary Adult

First Name* | Middle Name | **Last Name***

Date Of Birth* | **Gender Identity*** | Race

Primary Phone* | **Email***

Emergency Contact First Name* | **Emergency Contact Last Name*** | **Emergency Contact Phone***

Primary Adult Address Line 1 | Primary Adult Address Line 2

City | State | Zip | Cell/Other Phone | Allow SMS Text?

Primary Language | Employer | How did you hear about us? | Areas of Interest

Youth or Other Unit (Household) Members (more can be added on other side)

First Name | Middle Name | Last Name

Date Of Birth | Gender Identity | Race

Primary Phone | Email

First Name | Middle Name | Last Name

Date Of Birth | Gender Identity | Race

Primary Phone | Email

Membership Type

☐ Adult ☐ Family 2 Adult ☐ Senior Couple

☐ Adult Couple ☐ High School ☐ Young Adult

☐ Family 1 Adult ☐ Senior ☐ Youth

☐ Military/First Responder/Veterans Discount (proof required)

Discount

☐ **Promo:** _____ ☐ **Corporate:** _____

☐ **Other:** _____ ☐ **SilverSneakers/Renew Active #:** _____

Payment Information* **(Complete for Monthly Draft or Paid In Full)**

☐ Check

Credit Card

☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

_____

Credit Card Number

_____

Expiration Date

Bank Draft (monthly only)

☐ Savings ☐ Checking

_____

Bank Name

_____

Account Number

_____

Routing Number

I authorize the Whitin Community Center to collect payment from the above information.

_____ _____

Signature Date

Additional Youth or Other Unit (Household) Members

First Name | Middle Name | Last Name

Date Of Birth | Gender Identity | Race

Primary Phone | Email

First Name | Middle Name | Last Name

Date Of Birth | Gender Identity | Race

Primary Phone | Email

First Name | Middle Name | Last Name

Date Of Birth | Gender Identity | Race

Primary Phone | Email

First Name | Middle Name | Last Name

Date Of Birth | Gender Identity | Race

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Primary Phone | Email