



MEMBERSHIP APPLICATION

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Birth date: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership Type:

- Family                       Individual                       Pool Only  
 Aqua Aerobic Only                       Sr. Walking Only                       Faculty/Staff Family

Family Members (**must be IRS Dependents**):

Spouse: \_\_\_\_\_ Birth date: \_\_\_\_\_

Children: \_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_