



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 _____

Office Use Only	Membership Type	Joiners Fee*	Yearly Fee With Discount	Monthly Bank Draft
Yearly Monthly				

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 or credit/debit card 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 Monday – Friday 8:00 AM – 5:00 PM at the Center.** The Center requires 15 days notice prior to your draft date 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. I understand that membership fees are **not refundable** and membership cards are not transferable. All account information is strictly confidential.

Fitness Orientation: The fitness director at the Armfield Center will provide a tour of the equipment and instruction on how to use the nautilus machines, aerobic machines and free weight room. Each member is entitled to this free service. Please indicate if you would like to take advantage of this service. The fitness director will contact you directly to set up a convenient time.

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

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	\$ _____	Payment Type: CC	Check	Cash
Pro-Rated Amount	\$ _____	Check # _____		
Key Tag Activation Fee	\$ _____	Receipt # _____		
Total Amount	\$ _____			