



**Central Douglas County Family
SPONSORED MEMBERSHIP
CONTRACT DATA FORM**

Membership Type _____ **Membership ID#** _____

Family is defined as one or two adults and their dependents who are under the age of 19 or a full-time student (with valid student ID), or a person for whom the member(s) claims a tax deduction. All family members must reside at the same address.

PRIMARY MEMBER							Card# _____
N A M E	First Name	MI	Last Name	Date of Birth / /	Gender	School	
	Mailing address					Apt/Unit #	
H O M E	City	State	Zip	Home Phone ()	Home E-mail		
	Cell Phone Number			Work Phone ()			
	Employer Name	Responsible Party:			Phone Number ()		
2 nd ADULT MEMBER or Parent/Guardian for applicants under 18 years							Card# _____
	First Name	MI	Last Name	Date of Birth / /	Gender	School	
	Employer Name			Work Phone ()	Cell Phone		
DEPENDENTS							
	First Name	Middle	Last Name (if different)	Date of Birth / /	Gender	Employer/School	Card#
				/ /			
				/ /			
				/ /			
				/ /			
EMERGENCY CONTACT (Other than in your household) <i>Required for all memberships</i>				Name	Relation	Phone ()	

Please complete Conditions of Membership on Reverse Side

Office use only:

- Photo ID Check
- Membership Change Policy
- New Member Interest Form
- Tour Offered
- _____ Guest Pass
- _____ New Member Handbook

Join Date	____/____/____	MF	_____
Expires on	____/____/____	JF	_____
Total Monthly Payment \$	_____	Total:	_____
Receipt Date:	_____	Initials:	_____

MONTHLY PAYMENTS ARE DUE ON 1st. IF PAYMENT IS NOT RECEIVED BY THE 10TH THE MEMBERSHIP IS CANCELLED _____ *Applicant's Signature*

