

Membership (New 4-7-17)



Head of Household Information: *(please print)*

Last Name: _____ First Name: _____
 Address: _____ City: _____ Zip: _____
 Cell Phone Number: _____ Alternate Phone Number: _____
 Email Address: _____ Address Verified:

Emergency Contact:

Last Name: _____ First Name: _____ Relationship: _____
 Cell Phone: _____ Alternate Phone: _____

List all Members Joining INCLUDING Yourself:

- 1). Last Name: _____ First Name: _____
 Birth Date: ___/___/___ Sex: M F Relationship to Member: _____ Address Verified:
- 2). Last Name: _____ First Name: _____
 Birth Date: ___/___/___ Sex: M F Relationship to Member: _____ Address Verified:
- 3). Last Name: _____ First Name: _____
 Birth Date: ___/___/___ Sex: M F Relationship to Member: _____ Address Verified:
- 4). Last Name: _____ First Name: _____
 Birth Date: ___/___/___ Sex: M F Relationship to Member: _____ Address Verified:

Passes	BPD Resident Rates					Regular Rates				
	Ind.	2nd	3+	Snr/Stu	+Snr/Stu	Ind.	2nd	3+	Snr/Stu	+Snr/Stu
Annual Pay in Full										
Gold PLUS Fit Flex	\$432	\$306	\$261	\$366	\$282	\$457	\$331	\$286	\$391	\$307
Gold PLUS	\$312	\$186	\$141	\$246	\$162	\$337	\$211	\$166	\$271	\$187
Monthly EFT (Perpetual until cancelled. 12 month min. required)										
Gold PLUS Fit Flex	\$39	\$25.50	\$21.75	\$33.50	\$23.50	\$41.08	\$27.58	\$23.83	\$35.58	\$25.58
Gold PLUS	\$29	\$15.50	\$11.75	\$23.50	\$13.50	\$31.08	\$17.58	\$13.83	\$25.58	\$15.58
Specialty Memberships										
Silver Sneakers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Racquetball	\$110	N/A	N/A	N/A	N/A	\$135	N/A	N/A	N/A	N/A
Racquetball Unl.	\$300	N/A	N/A	N/A	N/A	\$325	N/A	N/A	N/A	N/A
Wallyball Unl.	\$475	N/A	N/A	N/A	N/A	\$500	N/A	N/A	N/A	N/A
Youth Pool* (3-17)	\$50	N/A	N/A	N/A	N/A	\$50	N/A	N/A	N/A	N/A
Track Annual	\$100	\$75	\$50	\$75	\$50	\$125	\$100	\$75	\$100	\$75
One Month Memberships										
Gold PLUS Fit Flex	\$55	N/A	N/A	\$40	N/A	\$60	N/A	N/A	\$50	N/A
Track Only	\$30	N/A	N/A	\$20	N/A	\$40	N/A	N/A	\$30	N/A

** Youth Pool memberships may only be added on to annual Gold PLUS Fitness Flex and annual Gold PLUS level memberships.*

Date of Payment: _____ Amount Paid: _____ Membership Expiration Date: _____ Staff: _____
 Payment Type: CA\$H CHECK CREDIT CARD
 Credit Card Number: _____ Card Holders Name: _____
 Card Expiration Date: _____ CID#: _____ Signature: _____
 Check Number: _____

Please list medications currently being taken or describe special accommodations needed for successful inclusion:

All information will be reviewed for accuracy. Should any information you list on this form be inaccurate (residency, family members, membership fee etc.) the membership will be reviewed by the Manager and additional fees may be required or the rights of the membership may be revoked without a refund.