

MERIDIAN COMMUNITY FITNESS CENTER

MEMBERSHIP APPLICATION



NAME: _____

MEMBERSHIP TYPE:
FAMILY **SINGLE**

ADDRESS: _____

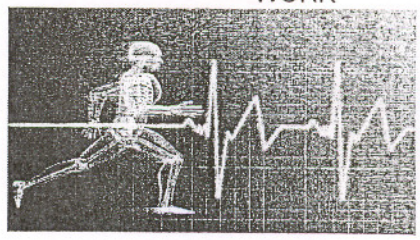
CITY: _____

PHONE NUMBERS: _____
HOME

CELL

WORK

EMAIL: _____



SPOUSE'S NAME: _____

PHONE NUMBERS: _____
HOME

CELL

WORK

EMAIL: _____



CHILDREN ON FAMILY MEMBERSHIP (INCLUDE DATE OF BIRTH):

If you claim them on your taxes, you can include them in your Family membership.

Family Membership = \$75.00 per year (June 1 to May 31)
Single Membership = \$50.00 per year (June 1 to May 31)
There will be a \$50.00 charge on any lost FOBs

SIGNATURE OF APPLICANT

OFFICE USE ONLY:
FOB ID:

Adult (age 19 & above) supervision must be provided for all individuals under the age of 19.

Individuals using the any part or equipment of the Fitness Center assume all risk of injury. Meridian Public School is not responsible for any injuries during the use of the Fitness Center.