

Please mark areas of interest:

New Membership Application 2023

Last Name	First Name	First Name City		Email (for billing purposes State, Zip Code Phone (cell)	
Address	City				
Phone (Home) Phone (Work))	Phone (cell)		
d Adult Member Info	mation - must reside in sam	ne household			
Last Name	First Name	First Name		Email	
Phoone (Home)	Phone (Work)	Phone (Work)		Phone (cell)	
pendent Information –	adult dependents must be enro	olled as a full-time studen	t *exceptions need	l approval	
First Name		DOB (mm/dd/yyyy)			
First Name		DOB (mm/dd/yyyy)			
First Name		DOB (mm/dd/yyyy)			
First Name		DOB (mm/dd/yyyy)			
nergency Contact Info	(Contact info for someone ou	itside your home OR a	nother adult no t	t on the r	
Last Name	First Name	First Name P			
Membership Fees: Payme					
	January 1-31	February 1-March 31			
Membership Type*	No change	2% increase	5% incr		
Family	\$855	\$	870	\$900	
2-person (1 adult or 1 adult+1 chi	(d) \$695	\$	710	\$730	
Individual	\$595	\$	605	\$625	