

# FERRIS ATHLETIC CENTER - MEMBERSHIP APPLICATION

## MEMBER INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Cell:

Email:

## TYPE OF MEMBERSHIP (PLEASE CIRCLE):

### Squash Club

#### Adult Membership

- 1 year membership      \$400
- 6 month membership    \$250

#### Family Membership

- 2 parents + kids        \$900
- 1 parent + kids        \$750

#### Junior Membership (ages 6-18 years)

- 1 year membership    \$250
- 6 month membership   \$125

## SPOUSE/CHILDREN IF FAMILY MEMBERSHIP PRIVILEGES DESIRED

NAME

NAME

NAME

NAME

## SIGNATURES

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership):*

Date:

## XXXXXXXXXX FOR OFFICE USE ONLY XXXXXXXXXXXX

PAYMENT METHOD:

AMOUNT PAID \$ \_\_\_\_\_

CASH \_\_\_\_\_

CHECK # \_\_\_\_\_

MEMBERSHIP:

START DATE:

END DATE:

EMPLOYEE SIGNATURE:

NEW/RENEWAL:

DATE: