



## Cascade Aquatic and Recreation Center Membership Form

(To be filled out by member)

Primary Member Name: \_\_\_\_\_ Phone : \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Emergency Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Additional Family Members:

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Primary Member \_\_\_\_\_  
 Name \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Primary Member \_\_\_\_\_  
 Name \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Primary Member \_\_\_\_\_  
 Name \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Primary Member \_\_\_\_\_

Signature: \_\_\_\_\_

(To be filled out by staff only)

Type of Membership:      Youth                      Pool Only                      In District  
    (circle)                      Single                      Gym Only                      Out of District  
    Family                      Full Facility

Type of Payment:                      Monthly Draft                      Month to Month                      Quarterly                      Annually                      Charter                      Lifetime

If using monthly draft system, please attach a voided check.

Name of Bank: \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_ Monthly Withdrawal Amount \_\_\_\_\_

Today's Payment:    Check \_\_\_\_\_ Cash \_\_\_\_\_ Debit \_\_\_\_\_                      Amount \_\_\_\_\_                      Initials \_\_\_\_\_                      Date \_\_\_\_\_