

City of Wahoo
CIVIC CENTER MEMBERSHIP APPLICATION



Membership Type: Family Single Parent Family Couple Individual
 Sr. Couple Sr. Single Youth Region V

Primary Member: (serves as the main point of contact)

First Name _____ Last _____ M F DOB _____
 Cell Phone _____ Work Phone _____ Email _____

Spouse/Secondary Member: (adult male or female living at the same address)

First Name _____ Last _____ M F DOB _____
 Cell Phone _____ Work Phone _____ Email _____

Household Information: (all information must be completed)

Address _____ City/Zip _____ Home Phone _____

***Children/Dependent's Names: (if applicable)**

First Name	Last Name (if different)	Relationship	Birthdate	Age	Gender
					M F
					M F
					M F
					M F
					M F
					M F

*Note: For Family and Single Parent Family memberships...children only include dependents (up to age 23) living at the same address. Anyone age 24 and older living at home must obtain a separate membership.

I/we understand that my/our Civic Center membership is a continuous membership and will continue until I/we notify the Parks and Recreation office that I/we wish to cancel. The membership is not transferable. **Membership dues are not refundable.** I/we also agree to notify the Parks and Recreation office of any change in address or any change that would affect my/our payment procedure.

I/we understand that if my/our membership lapses for a period of more than 30 days, I/we will again be charged the initiation fee. I/we understand and agree that all members listed above must abide by all rules and regulations of the Wahoo Civic Center. Violations may result in the revocation of my/our membership privileges.

Applicant's Signature _____ Date _____

OFFICE USE ONLY	
<input type="checkbox"/> Resident (Wahoo city limits)	<input type="checkbox"/> Non-Resident (outside city limits)
Amount Paid Today: \$ _____	Paid By: <input type="checkbox"/> Cash <input type="checkbox"/> Check (# _____) <input type="checkbox"/> Charge
<input type="checkbox"/> Annual Automatic Payment: Amount \$ _____	<input type="checkbox"/> Monthly Automatic Payments: Amount/month \$ _____
Staff Member _____	Date Rec'd _____