

Last Name		First Name		MI	Date of Birth
Street Address		City		State	Zip Code
Primary/Cell/Home Phone	Work Phone	Member E-Mail (email address are not shared/sold)		Opt out of newsletter <input type="checkbox"/> Yes	Gender
Emergency Contact		Emergency Phone Number	Please include on the back of this form any members medical conditions or allergies		Relationship
Family Membership:		Membership Type <input type="checkbox"/> Member <input type="checkbox"/> Instructor <input type="checkbox"/> Volunteer <input type="checkbox"/> Sponsor <input type="checkbox"/> Banned* *Reason: _____		Membership Start Date _____ OFFICE USE ONLY	
Circle payment Option	<u>Monthly</u> \$50	<u>Bi-Annual (Discounted)</u> \$ 275	<u>Annual (Discounted)</u> \$500	<u>One Time Setup</u> \$10	

Family Membership:

Family*	Member Name (Primary Listed Above)	Birthday (mm/dd/yy)	Relation to Primary
<input type="checkbox"/> 1 st Member	_____	N/A	N/A
<input type="checkbox"/> 2 nd Member	_____	_____	_____
<input type="checkbox"/> 3 rd Member	_____	_____	_____
<input type="checkbox"/> 4 th Member	_____	_____	_____
<input type="checkbox"/> 5 th Member	_____	_____	_____
<input type="checkbox"/> 6 th Member	_____	_____	_____
<input type="checkbox"/> 7 th Member	_____	_____	_____
<input type="checkbox"/> 8 th Member	_____	_____	_____

* Additional charge of \$5 per person per month for families of 6 or more. *

*Includes adult couples, youth siblings, or parent and youth ALL residing at the SAME address. For more than 8 members please speak with a Center Representative Annual rate applies if paid in full.

Membership Terms & Dues

Membership Start Date End Date **OPEN**

Member Initials _____ *This membership is a DUES paying membership. It begins on the date indicated above and continues indefinitely until canceled. I understand that in order to change or cancel this membership I must fill out a change, or cancellation form in person at Canton Community Center. Changes or cancellations must be done a minimum of 30 days in advanced and I understand that a membership fee may be processed during this time.

Member Initials _____ *I understand that I have paid or am obligated to pay an account set up fee as listed above, and that under no circumstances is any portion of this amount refundable.

Member Initials _____ *The Canton Community Center reserves the right to increase dues at its discretion, 60 days in advanced with written notice. Written notices will be sent electronically to the email address above if provided, otherwise mailed.

Member Initials _____ *I have read and agree to the Canton Community Center rules and regulations handbook, and I acknowledge that any violation of the rules may result in expulsion from the Center and/or termination of this Membership Agreement without any refund.

Member Initials _____ *The Canton Community Center, its officials and representatives, either employed or voluntary, assume no responsibility for a ny injury (by the participant/s) in the Canton Community Center or activities. In addition, I understand that participation in any activity & use of any equipment and facilities, is at my sole discretion & judgment & is at my own risk. I will appropriately & safely limit my activities & those of my sponsored dependents, to take into account my/our physical condition limitations & skill level. In addition I agree to release, waive, discharge and covenant not to sue the Canton Community Center, The Board, Staff, Instructors, and Volunteers, Sponsored members and businesses of events, advertisers, organizations, clubs, participants, or any other individual representing the Canton Community Center, and release all liability to each their own, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

Member Initials _____ *I understand that this membership is for general, open use hours of the center, & that there may be times when access will not be available to the membership. I also understand some classes may have an additional fee.

Member Initials _____ *There shall be no refunds, or transfers, including for partial months not used. If joining after the 1st of the month, please see pro-rated payment schedule.

Member Initials _____ *I understand that each member will be required to be present proper identification at beginning of each class, failure to produce identification could result in me being denied access to classes or payment for class will be due and will be treated as a "guest" visit.

Member Initials _____ *I understand that if I sign up for Electronic Funds Transfers a \$35 service fee for each transaction returned for NSF (insufficient funds) and member(s) access will be denied. Failure to bring account to good standing will result of suspension of membership(s). In addition a late fee will be accessed at a rate of \$10 per day after the 1st day of the month, maximum of one months current monthly dues. After 2 months of nonpayment membership(s) will be cancelled and I will be invoiced for all NSF transaction fees, failure to pay NSF fees within 30 days of invoice date will result in being turned into collections. Any cancelled Membership(s) that I wish to be reinstated will be required to pay the setup fee again. I understand that while EFT is the best option I have the option of payment by cash, check or money order. However payment is required in hand to the Director ON OR BEFORE the 1st of each month by 2pm. Late fees, suspension, and cancellation will follow same as EFT transactions. All returned checks will be accessed a \$35 service fee.

Authorization for Electronic Funds Transfer
 I hereby authorize Canton Community Center to initiate debit entries to the Credit Card, Checking or Savings Account name below, and/or adjustments for any debit entries made in error. I hereby authorize the financial institution named below to credit and/or debit the same to such account. This authorization is to remain in full force and effect until Canton Community Center has received written notification from me of its termination by filling out a Cancellation form. I hereby agree that a fee is added per transaction to cover costs of the EFT. If a change is needed for any EFT transactions please request a EFT Change Form. **FOR BANK WITHDRAWAL ATTACH VOIDED CHECK—Note: account will be billed on the 1st of the month.**

Name on Card/Account		Billing address on Card/Account (if Different)		Billing Phone on Card/Account (If Different)	
Credit Card Number		Bank Routing Number	Bank Account Number		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Credit Card Expiration Date	CCV Number	Name of Institution		Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Yearly

If you are a new annual member and you were "Referred" by a current annual member, Please list member name: _____

If you were not "Referred" How did you hear about us?
 Past Member Facebook Website Friend Other _____

Photo Release
 I grant permission to use photographs/video taken of me/my family for departmental advertisement use, for in print or social media. If I wish this to be exempt from photography and video I must notify the Canton Community Center by completing a Photo Suppression Form.

Signature (s)
 I have been advised of the Terms and Conditions of Membership and fully understand the Membership Agreement, IN WITNESS WHEREOF this Membership Agreement has been executed by the undersigned parties on the date written below.

Member Signature	Date	Parent/Guardian Signature	Date
EFT Authorization Signature (if different from above signature)	Date	Membership Salesperson Signature	Date