Canton Community Center Inc.
Membership Referral Form

210 North 7th Street, Canton, MO 63435 573-288-0550 www.cantoncommunitycenter.com www.facebook.com/cantonmocommunitycenter

Main Members Last Name	First Name	MI
Street Address	City	State	Zip Code
Primary/Cell/Home Phone	Work Phone	Member E-Mail (email address are not shared/sold)

Interested members					Staff mark when new member pays
Last Name	First Name	Address	E-mail Address	Phone Number	
Last Name	First Name	Address	E-mail Address	Phone Number	
Last Name	First Name	Address	E-mail Address	Phone Number	
Last Name	First Name	Address	E-mail Address	Phone Number	
Last Name	First Name	Address	E-mail Address	Phone Number	
Last Name	First Name	Address	E-mail Address	Phone Number	
Last Name	First Name	Address	E-mail Address	Phone Number	
Last Name	First Name	Address	E-mail Address	Phone Number	
Last Name	First Name	Address	E-mail Address	Phone Number	

Agreement

Existing members that are in good standing, payment and warning status, and are not currently in frozen status can refer members and receive a discount of $1 per individual that signs up for a membership and after their first payment, for a maximum of $5 in discounts a month. I understand that this is a one time discount for that individual and I will not receive the discount each month, nor if the individual lets there membership expire and I refer them again. I will receive my discount off my next months membership, if there is less than 14 days before billing than the discount will be applied the following month.

Signature (s)

I have an understanding of this form and agree to the agreement section, IN WITNESS WHEREOF this Membership Referral 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

The Canton Community Center is an equal opportunity provider and employer