

City of Wahoo  
**CIVIC CENTER MEMBERSHIP APPLICATION**



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

**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	Gender

\*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 will continue until I/we notify the Parks and Recreation office that I/we wish to cancel. The membership is not transferable and 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 \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Resident (Wahoo city limits)	<input type="checkbox"/> Non-Resident (outside city limits)
Business Discount? <input type="checkbox"/> No <input type="checkbox"/> Yes	Business Name _____
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 _____