

# IDA GROVE COMMUNITY REC CENTER MEMBERSHIP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Email Address \_\_\_\_\_ (For Weekly Rec Center Email Updates)

**Type of Membership Requested: (Check all that apply)**

\_\_\_\_\_ Family \_\_\_\_\_ Couple  
\_\_\_\_\_ Single \_\_\_\_\_ College Student  
\_\_\_\_\_ Student \_\_\_\_\_ Senior Couple  
\_\_\_\_\_ Senior Single \_\_\_\_\_ Single Parent Family  
\_\_\_\_\_ Golf Simulator (Nov-Feb) \_\_\_\_\_ Non-Member Golf  
\_\_\_\_\_ Corporate Membership- \_\_\_\_\_

(business name)

**Length of Membership Requested: (Check the one that applies)**

\_\_\_\_\_ 1 Year \_\_\_\_\_ 6 Month \_\_\_\_\_ 4 Month

**Family Members:**

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Children:

Date of Birth:

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Date Received: \_\_\_\_\_

Date Expires: \_\_\_\_\_ (For Office Use Only)

ID #: \_\_\_\_\_ (For Office Use Only)

Amount Paid: \_\_\_\_\_ Cash/Check (Circle One)

Automatic Monthly Debit: \_\_\_\_\_ (For 1 YR Only)