

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)

_____ One Month Trial

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

_____ 1 Year _____ 6 Month _____ 4 Month

Family Members:

Husband _____

Wife _____

Children:

Date of Birth:

_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

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)