

City of Maumelle
MAUMELLE SENIOR WELLNESS CENTER
MEMBERSHIP APPLICATION 2016



MEMBERSHIPS ARE VALID THROUGH DECEMBER 31ST OF EACH YEAR
MEMBERSHIPS ARE PRO-RATED DEPENDENT ON MONTH OF PURCHASE

Name: _____ Address: _____ Apartment Number: _____ City: _____ Zip Code: _____ Phone: (HOME) _____ (CELL) _____	*Member #2 _____ Additional Eligible Family Members (Immediate family, age 50 or more residing in the same household). Annual costs: \$10.00 per family member. Please list name (s): _____ Email: _____
*Couple is defined as 2 people living in same household & living as family unit.	

Scholarships for Membership may be available to those who financially qualify. Proof of income will be required.

Please check one of the following to indicate how you would like to receive your newsletter:

- Please mail my newsletter to the above address
- Email my newsletter to the following email address
- _____

I would like to participate in the MSWC Transportation Program

I have read the guidelines _____

RESIDENT FEES				NON RESIDENT FEES			
SINGLE		COUPLE		SINGLE		COUPLE	
JAN	\$25.00	\$35.00		\$40.00	\$60.00		
FEB	\$24.00	\$34.00		\$39.00	\$59.00		
MAR	\$23.00	\$33.00		\$38.00	\$58.00		
APR	\$22.00	\$32.00		\$37.00	\$57.00		
MAY	\$21.00	\$31.00		\$36.00	\$56.00		
JUN	\$20.00	\$30.00		\$35.00	\$55.00		
JUL	\$19.00	\$29.00		\$34.00	\$54.00		
AUG	\$18.00	\$28.00		\$33.00	\$53.00		
SEPT	\$17.00	\$27.00		\$32.00	\$52.00		
OCT	\$16.00	\$26.00		\$31.00	\$51.00		
NOV	\$15.00	\$25.00		\$30.00	\$50.00		
DEC	\$14.00	\$24.00		\$29.00	\$49.00		

I hereby make application and payment for the Family/Individual Activity membership selected above. I understand that the membership will be effective today and will expire on 12/31/16. I will familiarize myself and my family with the rules and regulations listed on the other side of this application. I hereby assume responsibility for all members listed on this membership. The rules will be obeyed to the extent that the maximum penalty for not abiding by the rules will be payment for damages and forfeiture of my membership and fee.

MEMBERSHIP RULES

- Anyone wishing to use the Center must be 50 years of age or older or be the spouse of someone 50 years of age or older, and purchase a membership or pay the appropriate daily fees. **Proof of residency each year is required to purchase a resident membership.**
- Additional immediate family members, age 50 or more, residing in the same household may join with Primary Member. Immediate family member must be Parent, Son, Daughter, Sister, Brother or Mother/Father-in-law.
- Membership ID card is required to be scanned when entering the Center and again when exiting the Center.
- Food and drinks are allowed in designated areas only. The facility is smoke and alcohol free.
- Vehicles are to be parked in specified areas only. Parking in entrance access ways will not be tolerated.
- The cardio room machines are available during normal hours on a first come, first serve basis. All participants exercise at their own risk.
- All members and participants must have the ability to independently maneuver through the Center and participate in activities. Individuals must also be able to care for themselves. Center staff will determine if members are required to be accompanied by a care attendant when participating in programs at the Center. Individuals needing assistance may conditionally participate in Center activities with the aid of a care attendant. If care attendants are deemed necessary, they must be furnished by the individual member.
- Abusive, threatening, insulting, and/or suggestive language will not be tolerated.
- Violation of rules may result in the loss of membership privileges.

Member Signature: _____ Date: _____

- In the event that a need arises, I authorize Maumelle Senior Wellness Center staff to contact the individual(s) listed below:

Emergency Contact #1 (Name/Phone #): _____

Relationship: _____

Emergency Contact #2 (Name/Phone #): _____

Relationship: _____

<p>FOR OFFICE USE ONLY ____RENEWAL ____NEW MEMBERSHIP RESIDENCY VERIFIED BY: ____DRIVERS LICENSE ____OTHER_____ Staff Member's Initials: _____ Date: _____</p>
