



# RHEA COUNTY COMMUNITY CENTER MEMBERSHIP APPLICATION

PLEASE PRINT

Today's Date: \_\_\_/\_\_\_/\_\_\_

BILLABLE MEMBER

Name: \_\_\_\_\_ Sex:  M  F Birthdate: \_\_\_/\_\_\_/\_\_\_  
First M Last

Casual Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:  Single  Married Ethnicity:  African-American  Caucasian  Multiracial  Other  
 Asian  Hispanic  Native American

By providing your email address to Rc3, you will receive Rc3 e-newsletters.

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Alert Information: \_\_\_\_\_

ADDITIONAL MEMBERS

## SPOUSE INFORMATION\*

Name: \_\_\_\_\_ Sex:  M  F Birthdate: \_\_\_/\_\_\_/\_\_\_  
First M Last

Casual Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Ethnicity:  African-American  Caucasian  Multiracial  Other  
 Asian  Hispanic  Native American

## IRS DEPENDENTS \*

| Family Member Names | Relation | Sex | Birthdate | Ethnicity |
|---------------------|----------|-----|-----------|-----------|
|                     |          |     |           |           |
|                     |          |     |           |           |
|                     |          |     |           |           |
|                     |          |     |           |           |
|                     |          |     |           |           |

- It is the policy of the Rc3 that all family members listed on the family membership must be IRS dependents of the billable member listed above. Proof may be required.

### How did you hear about Rc3?

- TV
- Radio
- Newspaper or Magazine
- Mailing/Postcard Online
- Rc3 Website Employer
- Member Referral
- Drive By
- Doctor
- I was previously a member
- Other \_\_\_\_\_

### Membership Type

- Student/College  Silver Sneakers
- Adult Individual  Silver & Fit
- Family  Active & Fit
- Couple
- Parent with Children
- Senior Adult
- Senior Adult Couple
- Senior Family  
(65+ with guardianship of minors)

### UNITED WAY/DONOR RESEARCH (optional)

Date \_\_\_/\_\_\_/\_\_\_

#### Member Income Level

- <\$20,000  \$49,999-\$79,999
- \$20,000- \$49,999  >\$79,999

#### Membership Details:

Staff \_\_\_\_\_

MemberType \_\_\_\_\_ MBR # \_\_\_\_\_

Next Bill Date: \_\_\_\_\_ Corporate: \_\_\_\_\_

Epay  6 month  Annual  Monthly

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_

Para obtener esta información en español, por favor pídala al personal de recepción.

**AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR MEMBERSHIP PAYMENTS**

Savings  Checking  Credit/Debit

Name on Bank/Credit Card Account \_\_\_\_\_

Billing Address (On Account) \_\_\_\_\_

**PLEASE NOTE: 30 days advance notice from draft date in person or by a registered letter for cancellation.**

|  |  |
|--|--|
| Monthly Draft                            | 1st of each month _____ 15th of each month _____   |
| Membership                               | \$ _____   |
| Draft Begins                             | _____  |
| Donation to Support Scholarship Families | <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 |
| Total Monthly Draft                      | \$ _____   |

**BANK DRAFT**

Depositor's Account Number \_\_\_\_\_

Bank Route & Transit Number \_\_\_\_\_

**CREDIT CARD**

Name as on Card: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CC ending in \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Visa  MC  Disc

I have given authority to my financial institution to honor preauthorized checks/drafts drawn by the on the above account for membership payments. I understand that the sending of a preauthorized check/draft to my financial institution as a payment becomes due shall constitute valid notice of such payment due on this membership. When the financial institution honors the check/draft by charging my account, such check/draft shall constitute my receipt for the payment. Should any preauthorized check/draft not be honored by said financial institution, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge. Membership fees subject to change with a 30 day written notice to member.

Signature of Bank Depositor/Account Holder: \_\_\_\_\_

**Waiver and Release of Liability**

- By signing this Waiver and Release of Liability (Agreement), I waive and release Rhea County Community Center its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the facility.  
This waiver and release is intended to and does release Rc3 from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and 's negligence. This is not intended to release Rc3 from any liability resulting from their intentional conduct.  
I further covenant and agree not to institute any claims or legal action against Rc3 for any claim released by this Agreement. I further agree that should any claim be made Rc3 in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) Rc3 for any such claim and expenses including attorney's fees and costs incurred Rc3 in defending themselves or security indemnity hereunder.
- I understand that Rc3 is not responsible for any lost, stolen, or damaged valuables or property.
- I acknowledge that I have received (by request at welcome desk) and read a copy of the current rules and regulations governing the use of the facility. I agree that I will fully comply with all rules and regulations and with any amendments.
- I assume full responsibility for removing myself from any media opportunities that I do not wish to participate in. I hereby grant to Rc3 the unrestricted right to use and publish photographic images of me, or in which I may be included, for marketing materials, Rc3 websites or Rc3 social networks, editorial trade advertising, and any other lawful purpose related to the Rc3.
- I understand and agree that bank/credit card draft and a la carte programs do not have an expiration date. To cancel a program or my membership, I must complete a cancellation form in person or send a registered letter, giving 30 days notice prior to my bank draft and return my permanent membership cards. (See Membership Cancellation Policy. Cancellation forms may be obtained at the Rc3 main facility.)
- It is the policy of the Rc3 - that all family members listed on a family membership must be IRS dependents of the primary member listed. Proof may be required. Exceptions made only with authorization from the director.
- I understand that joining fees are non-refundable. If I terminate my membership, I have 60 days to rejoin without paying a joining fee, and that all past due balances must be paid before joining or re-joining Rc3.
- I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue Rc3 for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by Rc3 will void and terminate this Agreement and may result in loss of the ability to use the facility.

I am signing this Agreement freely, voluntarily and competently and am at least eighteen (18) years of age.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_