



City of Fairhope

Recreation Center

MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY	
MEM TYPE:	
MEM #	
COURTESY DESK NAME	
DATE	

Type Membership: () Single () Couple () Family () Senior Single () Senior Couple
 () Month () Taste of the Club () Yearly
 Payment Method: () Cash () Check () Credit Card () Other _____

PLEASE PRINT

Membership Name _____
 First Middle Last

Male ____ Female ____ Date of Birth ____/____/____

Marital Status: Single ____ Married ____ Divorced ____ Widowed ____

Mailing Address _____ Apt# _____

City _____ State _____ Zip _____

Resident ____ Non-Resident ____ (See Fairhope School Zone Boundaries below)

Fairhope School zone boundaries are:
 South of North Windingbrook within Montrose, Across Hwy 98, below Daphmont to Fish River, drop South to Weeks Bay and back to Mobile Bay.

Join Date: ____/____/____ Home Phone: _____ Cell/Other: _____

Employer/School: _____ Address: _____

Business Phone: _____ Email Address: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

Other Family Members Included in Family or Couple Membership

First Name	MI	Last Name	Sex	DOB	Relation	Employer/School

Membership dues are paid monthly, quarterly for the Taste of the Club membership or in full for a year. Membership dues are non-refundable. I understand the City of Fairhope Recreation Center will have no liability or responsibility for any personal injury or loss or damage to personal property sustained by the member while using the Fairhope Recreation Center facilities. Proof of membership must be presented to enter the facility. Any member who displays behavior that is contrary to the Rules of Conduct and core values of caring, honesty and responsibility may be subject to loss of membership privileges.

Member Signature: _____ Date _____

Recognition: Are you a City of Fairhope Employee? Yes ___ No ___ Are you interested in Volunteering? Yes ___ No ___

How did you hear about the City Rec. Center? () Place of Employment () Drive by - live in area () TV or Radio
 () Email/Website () Warm Welcome () Member
 () Friend or Family () Medical Referral () City

How many years have you lived in the Fairhope community? _____

Areas of Interest: () Group Fitness () Teen Programs () Volunteerism
 () Spinning () Fitness Orientations () Racquet Ball
 () Personal Training () Senior Activities () _____
 () Child Care () Family Recreation () _____