

Cloverleaf Community Recreation Center
8525 Friendsville Road
Lodi, Ohio 44254
(330) 948-1323
(330) 721-3601

MC/VISA	(Office Use)
# _____	
Exp. Date _____	
Confirm # _____	

MEMBERSHIP AGREEMENT

***NEW:** Please complete all information.

***RENEWAL:** Please update all information. (including date of birth)

Date: _____ **RESIDENT / NON-RESIDENT**

Type of Membership: ADULT STUDENT EMPLOYEE SENIOR FAMILY COLLEGE FIRE/POLICE

MEMBER NAME _____

STREET (Mailing) ADDRESS _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____

PHONE: HOME _____ WORK _____

EMPLOYER _____ DATE OF BIRTH _____

****Dollars generated by your membership & your participation in programs fund Rec Center Operations!**

**** Donations for maintenance/improvements would be greatly appreciated!**

Family Members Names if this is a Family Membership:

NAME DATE OF BIRTH

Every attempt will be made to contact a family member in case of an emergency. If no family member can be reached, we will contact the following emergency contact person:

NAME _____

PHONE: HOME _____ WORK _____

Office Use:

Method of Payment: CASH CHECK# _____ MC / VISA

MEMBER # _____ DONATION AMOUNT _____ TOTAL _____

Participation in the Cloverleaf Community Recreation Center is voluntary and at the participant's own risk. Members should consult a physician before beginning any exercise regimen.

*****THE REC CENTER MAY CLOSE FOR SPECIAL EVENTS.**

EVERY EFFORT WILL BE TAKEN TO NOTIFY MEMBERS OF THESE SPECIAL CIRCUMSTANCES.