

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

MC/VISA/DISCOVER	(Office Use)
# _____	
Exp. Date _____	3 Digit# _____
Confirm # _____	

MEMBERSHIP AGREEMENT

(Circle one) **NEW** **RENEWAL** **Date:** _____

(Circle one) **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/CELL** _____

EMPLOYER/SCHOOL _____ **DATE OF BIRTH** _____

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

Family Members Names if this is a Family Membership **(Family memberships include both spouses, any children under the age of 18 living at home, and full time college students under the age of 22)

<u>NAME</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____

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.