

# Penacook Community Center, Inc.

76 Community Drive (Post Office Box 6008)

Penacook, New Hampshire 03303

(603) 753-9700

## APPLICATION FOR: ADULT FITNESS MEMBERSHIP

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

CPR or First Aid Certified: \_\_\_\_\_

### **Annual Membership Dues \$35.00**

*(Renewable on your Membership Origination Date)*

Membership Origination Date: \_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature \_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature \_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature \_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature \_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature \_\_\_\_\_

*(All dues are applied to the utility/fuel bills and physical upkeep of the Penacook Community Center Gym). Thank you.*

I hereby verify the information on this application. I understand that the Penacook Community Center and the Center's personnel or volunteers maintain precautions against personal injury and property loss and I will not hold them responsible should either occur. I further understand that this membership may at any time be temporarily suspended or permanently revoked, if membership privileges are abused and/or the Center and its equipment is misused.

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

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