



**FITNESS AND FUN MEMBERSHIP APPLICATION**

First Time Applicant  
 Renewal Applicant

Date Received: \_\_\_\_\_

Last Name:		First Name:		Middle Initial:		
Address:					Apt. #:	
City:		State:	Zip:	Date of Birth:		
Home Phone:		Work Phone:		Cell Phone:		
E-Mail:		Name(s) of other adult(s) in household & relationship:				
Marital Status: (Circle One)		Single	Married	Separated	Divorced	Widowed

**Membership Type:**

Fitness Only                       Fitness & Golf                       I am requesting assistance for Programs

**Family Members: must be listed as dependents on tax return: (Please list additional family on the back)**

First Name:	Last Name:	DOB:	Relationship:
First Name:	Last Name:	DOB:	Relationship:
First Name:	Last Name:	DOB:	Relationship:
First Name:	Last Name:	DOB:	Relationship:

Income:		For Official Use Only:				
\$	Gross Monthly Income-1 <sup>st</sup> Adult	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"><input type="checkbox"/></td> Federal Tax Return</tr> <tr><td style="width: 20px; height: 20px;"><input type="checkbox"/></td> 2 Current Pay Stubs</tr> <tr><td style="width: 20px; height: 20px;"><input type="checkbox"/></td> Other Documentation</tr> <tr><td style="width: 20px; height: 20px;"><input type="checkbox"/></td> Personal Letter</tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
\$	Gross Monthly Income-2 <sup>nd</sup> Adult					
\$	Unemployment					
\$	Social Security/SSI Disability					
\$	Retirement/Pension					
\$	Alimony					
\$	Other:	MAC Staff:				
\$	Total Monthly Income					

I certify that this information accurately represents my total household income, and that I do not have additional income not represented above. I understand that I will be asked to provide proof of income and that management may revoke the co-payment and require me to pay the full monthly rate. I also understand that the application will be reviewed and renewed yearly.

Print Name:		Date:	
Signature of Applicant:			

For Official Use Only:		
Type of Membership	Membership %	Program %
	Expires:	Expires:
Approved By:		Date: