

Altoona Campus Monthly Credit Card Membership Agreement

Member Information (Please print):

Name _____ D.O.B. _____ Sex M F

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Name _____ D.O.B. _____ Sex M F

Name _____ D.O.B. _____ Sex M F

Name _____ D.O.B. _____ Sex M F

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact _____ Phone _____

e-mail address: _____

Membership Type: Family _____ Adult _____ Young Adult(12-17) _____
Single Parent Family _____ College Student _____ Youth(0-11) _____
Senior Family _____ Senior (60+) _____ Other _____

Family membership is defined as an individual, their spouse and any dependents claimed on a federal tax return

Primary Residency: Inside Southeast Polk School District _____
Outside Southeast Polk School District _____

Corporate Membership Information: _____
Documentation verifying employment is required at the time of purchase to receive the corporate rate.

Altoona Campus Staff Notes:

