

# Easton Community Center Membership Application

Address: \_\_\_\_\_ | City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip: \_\_\_\_\_

Phone# (H) \_\_\_\_\_ | Phone# (W) \_\_\_\_\_ | Phone# (C) \_\_\_\_\_

List family members living at the above address (commencing with Primary Card Holder):

**Family (Household) Name:**

Name (Primary 1)	Gender	D.O.B.
Name (Primary 2)	Gender	D.O.B.
Name	Gender	D.O.B.
Name	Gender	D.O.B.
Name	Gender	D.O.B.
Name	Gender	D.O.B.

**Primary Email Address:** \_\_\_\_\_ | **Emergency Phone#** \_\_\_\_\_

**Consent**  
 When enrolled in an ECC program, I authorize emergency medical treatment of all family members listed under this household, as deemed necessary by the ECC staff, and I agree to assume the costs of any such treatment.

In consideration of accepting the membership and permitting the voluntary participation of the above-named family members in ECC programs, rentals or events, I/We hereby waive, release, discharge, indemnify and agree to hold harmless [ECC] its board, employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to said participant while attending and/or participating in any [ECC] sponsored event, including any physical or other injury caused by negligence of any such person while performing his/her duties at any time.

**Pledge:**  
 I have read and understand the ECC's Code of Conduct governing membership and we pledge to adhere to the same.

\_\_\_\_\_  
**Member/Parent/Guardian Signature** **Date**

**Membership Rates - 12 Months from Joining**  
 (Please check membership option below.)

Family Membership = \$250.00 per family per year -  Auto Renew= \$225.00 per family per year

Senior Citizen Membership = \$75.00 per senior per year -  Auto Renew = \$65.00 per senior per year

Individual Membership= \$100.00 per adult per year-  Auto Renew= \$85.00 per adult per year

\*Auto Renewal require a two-year commitment

I am not interested in becoming a member at this time, however, in support of the ECC, please accept my tax-deductible donation of \$ \_\_\_\_\_

I enclose a check payable to ECC for \$\_\_\_\_\_ or, please charge my  Visa  MasterCard  AmEx for \$\_\_\_\_\_

**By initialing to the left, I authorize the ECC to automatically renew my membership and I have read the Automatic Renewal Agreement that is attached. I will notify the ECC in writing when I want the renewals to cease.**

**Card Number:** \_\_\_\_\_

3 or 4 Digit Security Code	Exp. Date:		
Billing Address (Only if different from Home Address)			
Address: _____	City: _____	State: _____	Zip: _____