

Bethlehem Township Community Center
4225 Easton Avenue
Bethlehem, PA 18020
610-332-1900 (phone) - www.bethlehemtownship.org



Membership Fees & Application – Indoor Facility

Primary Family Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Membership Card Holders (list all members including the person completing application)

<u>Full Name</u>	<u>Birth Date</u>	<u>Gender</u>	<u>ID Number</u>	<u>Badge</u>
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If you, or any of the cardholders listed above has special medical conditions or allergies, please explain below.

Prior to purchasing a membership, please read and sign a Membership Agreement form.

Fees

Annual Membership (check all that apply)

_____ Individual Adult	Resident: \$320.00	Regular: \$470.00
_____ Individual Youth (under 18)	Resident: \$175.00	Regular: \$255.00
_____ Individual Senior Citizen (over 62)	Resident: \$175.00	Regular: \$255.00
_____ Senior Citizen Household (2 members only-no add-ons permitted)	Resident: \$325.00	Regular: \$470.00
_____ Household of 2 (under 62 – no add-ons permitted)	Resident: \$500.00	Regular: \$660.00
_____ Household (up to 5 members)***	Resident: \$550.00	Regular: \$765.00

*** Only 2 adults are permitted per household pass before an add-on is applied for adult members at \$50 per adult – Proof of household residency is required for each additional adult

*** Only 3 children are permitted per household pass before and add-on is applied for child members at \$50 per child

Three Month Special (Summer/school breaks for students, etc.)

_____ Individual Adult	Resident: \$100.00	Regular: \$165.00
_____ Individual Youth (under 18)	Resident: \$60.00	Regular: \$100.00
_____ Individual Senior Citizen (over 62)	Resident: \$60.00	Regular: \$100.00
_____ Senior Citizen Household (2 members only-no add-ons permitted)	Resident: \$100.00	Regular: \$165.00
_____ Household of 2 (under 62 – no add-ons permitted)	Resident: \$150.00	Regular: \$240.00
_____ Household (up to 5 members)***	Resident: \$175.00	Regular: \$275.00

*** Only 2 adults are permitted per household pass before an add-on is applied for adult members at \$25 per adult – Proof of household residency is required for each additional adult

*** Only 3 children are permitted per household pass before an add-on is applied for child members at \$25 per child.

Total Enclosed \$ _____

Form of Payment (check one):

_____ **Check (payable to Township of Bethlehem) #:** _____

_____ **Mastercard/Visa/Discover/Amex**

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Membership Agreement

I acknowledge that I have read, understand and agree to the following (initial each line please).

_____ I understand, that if I have opted to pay my annual membership on an installment basis, my credit card of choice will automatically be charged each month until the membership is paid in full.

_____ Membership rates may increase at the time of renewal.

_____ All members must check in at the front desk each time they use the Community Center. Children, ages 2 years and under, are not required to have a membership card or present a membership card when accompanied by an adult member.

_____ Members must abide by all regulations, policies, and procedures of the Township of Bethlehem Community Center, or privileges may be revoked.

_____ Membership cards remain the property of the Township of Bethlehem and must be returned if requested.

_____ The Township of Bethlehem will not be responsible for lost or stolen articles.

_____ I understand that this agreement is an instrument for payment of the membership purchased and I am obligated to fulfill this agreement completely. I am responsible for all costs and expenses, including attorney fees and collection fees, incurred by the Township of Bethlehem in collecting the balance due.

I expressly understand and agree that neither the Township of Bethlehem, a municipal corporation, nor any of its agents, volunteers, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or other person on whose behalf this form is now signed as a result of actual or proposed participation in the above named program or activity, and I hereby agree to defend, indemnify and hold the Township of Bethlehem, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim, whether caused by negligence or otherwise. Participants involved in the Township of Bethlehem Community Center programs may be photographed. **By signing this agreement, the member agrees that photographs may be used for marketing purposes.**

The undersigned states that she/he has read and understands all terms of this agreement, and agrees to be bound to this agreement and acknowledges that she/he has received a copy of this agreement, if requested.

Signature: _____ **Date** ____/____/____

Printed Name: _____ **Date** ____/____/____

Witness: _____ **Date** ____/____/____

Medical Information

All members are encouraged to obtain their physician's advice and permission before entering into any physical activities or programs. Participation in any activity or program is at the member's own risk. Please provide the following information, so that we are better able to assist you in the unfortunate event of a medical emergency.

Emergency Contact: _____ **Phone No:** _____

Physician's Name: _____ **Phone No:** _____

Major medical problems: _____