

Humboldt Family Aquatic Center Membership Application

Family _____ Single _____ Senior _____

First Name _____ Last Name _____

IMMEDIATE Family Members Only (Spouses and only children still living at home)

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

Address: _____ City, State, Zip _____

Email Address _____

Home Phone _____

Work Phone _____

In Case Of Emergency, Please Contact: Name _____

Address _____

Phone _____

Signature _____ Date _____

Amount Paid _____

Pass # _____

Check # _____

Cash _____

Staff Signature _____

Date _____