

# Salem Community Center Member

1098 North Ellsworth Avenue Salem, Ohio 44460 330.332.5885

www.salemcommunitycenter.com

## 12-MONTH MEMBERSHIP APPLICATION (effective 1/1/24)

	Annual Paid in Full	Annual EFT
<b>Annual Memberships (15 years and older)</b>		
<input type="checkbox"/> Individual	\$50/mth (\$600)	\$55mth
<input type="checkbox"/> Family of 2	\$60/mth (\$720)	\$65/mth
<input type="checkbox"/> Family of 3	\$67/mth (\$804)	\$72/mth
<input type="checkbox"/> Family of 4	\$74/mth (\$888)	\$79/mth
<input type="checkbox"/> Family of 5	\$81/mth (\$972)	\$86/mth
<input type="checkbox"/> Each additional Family Member	\$7/mth	

NOTES:

<b>Senior/Full-Time Student/Full-Time Military (Retired/DD214)</b>		
<input type="checkbox"/> Individual	\$48/mth (\$570)	\$53/mth
<input type="checkbox"/> Family of 2	\$57/mth (\$684)	\$62/mth
<input type="checkbox"/> Family of 3	\$64/mth (\$764)	\$69/mth
<input type="checkbox"/> Family of 4	\$70/mth (\$844)	\$75/mth
<input type="checkbox"/> Family of 5	\$77/mth (\$923)	\$82/mth
<input type="checkbox"/> Each additional Family Member	\$7/mth (\$84)	\$7/mth

TOTAL per Month \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL per Year \$ \_\_\_\_\_ \$ \_\_\_\_\_

### Primary

Member's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Family Name(s):

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Office Use Only*

Entered By \_\_\_\_\_

Check one:

New      Renewal

Membership Provisions:

- Fees quoted are for 12-month memberships.
  - Family members may be added during the duration of the original annual membership. Fees will be assessed according to the number of family members added on. After the first month, fees will be prorated according to months remaining on the membership. The new family number change will assume the original membership expiration date.
  - E. F. T. changes: The new E. F. T. amount will start the following month.
- Primary 18 and older may list associates with the same residence who are related to the primary as:
  - Spouse (**married under the laws of the state of Ohio**).
  - Son, daughter, step-son, step-daughter, foster child, if 18 and under.
  - Son, daughter, step-son, step-daughter, foster child, **if full time student 25 and under**.
  - Siblings 18 and under.
- Primary aged 15, 16 or 17 may have a spouse, son or daughter as dependent associates provided they share the same residence. Siblings 17 and under may be added as associates.
- Primary 18 and older may list associates with a different residence who are related to the primary as:
  - Son, daughter, step-son, step-daughter – 18 and under.
- Full-time student (12 or more credit hours) rate is only available when the student is not a dependent.
- Children ages one through six receive free childcare if on Annual Membership.
- A copy of a birth certificate or valid driver's license must accompany any age verifications.
- **Annual Memberships are for 12 months and are non-refundable and non-transferable.**
- **Annual EFT Memberships are continuous after the first 12 months until member submits termination request.**

**For Supervising Sibling(s)/Children (age 16/17) of Participating Minor(s)  
(age 6-12) that are on an Annual Membership**

This is to certify that I, \_\_\_\_\_, as a 16/17 year old supervisor(s) of my 6-12 year old sibling(s)/Children, while our guardians are not at the Salem Community Center (SCC), understand and agree to the following guidelines set forth by the SCC:

- I will remain at the SCC at all times with my sibling(s)/Children.
- If my sibling(s)/Children is youth certified for the pool or gymnasium, I will know where they are.
- I will, acting in place of my guardians, react immediately to SCC staff in addressing any issues related to my sibling(s)/Children.
- I will have emergency instructions and contact information from my guardians in the event an emergency should occur while at the SCC.
- In the event of an emergency I will transport my sibling(s)/Children to the appropriate place for care.
- Babysitter must have active membership to participate with children.

In the event of disruptive conduct by either the minor sibling(s)/Children or me, I understand that all minor supervising privileges may be revoked immediately, at the sole discretion of the SCC. In addition, should the family's Annual Membership status change, all supervising privileges will be immediately discontinued.

X \_\_\_\_\_  
Supervisor Signature                      Date                      Emergency Contact Number

I authorize \_\_\_\_\_ to serve in the role of supervisor as described above.

X \_\_\_\_\_  
Parent/Guardian Signature                      Date                      Emergency Contact Number

\_\_\_\_\_  
Minor Name (Print)                      Age

\_\_\_\_\_  
Minor Name (Print)                      Age

\_\_\_\_\_  
Minor Name (Print)                      Age

\_\_\_\_\_  
Minor Name (Print)                      Age