

**BRUNSWICK COMMUNITY RECREATION & FITNESS CENTER
MEMBERSHIP APPLICATION FORM**

(Please Print)

First Name _____ Last _____

Address _____

City _____ Zip _____

Home Phone # _____ Cell # _____

Birth Date _____ Work Phone _____

E-Mail Address _____

Spouse's First Name _____

Spouse's Last Name if Different _____

Birth Date _____ Work Phone _____

List all your legal children, age 18 and under, residing at the address above

First Name		Last if Different	
DOB	Age	Grade	Male Female
First Name		Last if Different	
DOB	Age	Grade	Male Female
First Name		Last if Different	
DOB	Age	Grade	Male Female
First Name		Last if Different	
DOB	Age	Grade	Male Female
First Name		Last if Different	
DOB	Age	Grade	Male Female

Based on the chart on the reverse side of this form please list the type and fee of the membership you are applying for.

Type of Membership _____

Fee _____

	Brunswick Resident	School District (*)	Non-Resident (*1)
Family	\$335	\$380	\$640
Single Parent Fam.	\$250	\$290	\$485
Individual	\$200	\$225	\$355
Youth	\$95	\$105	\$185
Senior	\$105	\$120	\$210
3 Month Family	\$150	\$185	\$350
3 Month Individual	\$80	\$95	\$185

(*1) Your home is not in Brunswick but you reside in an area of Brunswick Hills, or Hinckley where you pay Brunswick School taxes.

(*1) You do not live in Brunswick and do not pay Brunswick City or school taxes.

Release Form: I the undersigned, hereby make application for membership to the Brunswick Community Recreation & Fitness Center. I agree to abide by its rules and policies. I understand that membership is for 12 months from the enrollment month and that membership dues are not transferable or refundable. I attest to the fact that the residency information given is correct and true. I understand that this information will be shared with other city governmental functions and departments and authorize the Recreation Center to verify residency information with any other city department or agency. I acknowledge that falsification of any of the above information will result in the suspension or forfeiture of my membership and may result in legal proceedings.

Signature _____
(must be signed by parent/guardian for child under 16 years of age)

Please complete the entire application.
Please make checks payable to "City of Brunswick."

Below for Staff Use Only

Cash Check # _____ Visa MC Ref.# _____ G.C.# _____

Verified with _____

Date _____ C/R _____