



## SCHOLARSHIP MEMBERSHIP APPLICATION 2017

*Memberships valid through December 31, 2017*

<p><b>Member Information</b></p> <p>_____</p> <p>First Name                      Middle Initial      Last Name</p> <p>_____</p> <p>Address Line 1</p> <p>_____</p> <p>Address Line 2</p> <p>_____</p> <p>City                                      State                      Zip Code</p> <p>_____</p> <p>Phone Number 1                      Phone Number 2</p> <p>_____</p> <p>email Address</p> <p>_____</p> <p>Date of Birth      _____      _____      _____</p> <p>                            Month              Day              Year (Required to verify age for membership)</p> <p>_____</p> <p>Emergency Contact                      Phone Number                      Relationship</p> <p>_____</p> <p>Emergency Contact                      Phone Number                      Relationship</p>	<p><b>Membership Selection</b></p> <p><b>Silver Pass</b>                  Monday – Friday      8 a.m. - 4 p.m.  <input type="checkbox"/> <i>Resident</i></p> <p>Silver Pass Membership Scholarships may be available for those who qualify financially. Proof of income required and cannot exceed \$11,880 as an individual or \$16,020 as a couple.</p> <hr/> <p><b>Day Pass</b>                  Does not accrue to future membership and limited to 2 per year.</p> <p style="text-align: center;"><i>Resident or Guest of a Member</i>                  \$3  <i>Non-Resident</i>                  \$5</p>
<b>Event Interests</b>	<b>Volunteering Interests</b>

I hereby make application and payment understanding that the membership will be effective January 1, 2017 or the date thereafter of signing, to expire on December 31, 2017. I will familiarize myself with the **Membership, Events and Transportation Policies** provided as separate documents. I agree to adhere to these policies and acknowledge that failure to do so may result in my payment of damages and the forfeiture of my membership and fees.

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