

CLWCC
436 Struthers Coitsville Rd., Lowellville, OH 44436
330-799-6842

www.clwcc.org

WELLNESS CENTER MEMBERSHIP APPLICATION

Credit Order Number: _____

Membership	Monthly	6 Months Paid in Advance
<input type="checkbox"/> 1 Day Pass	\$5/day	
<input type="checkbox"/> CCSD Staff	\$10/month	\$54
<input type="checkbox"/> Resident – Adult	\$15/month	\$81
<input type="checkbox"/> Non-resident – Adult	\$20/month	\$108
<input type="checkbox"/> CCSD Student	\$5/month	\$27
<input type="checkbox"/> Non-enrolled Resident Student/Non-resident student	\$10/month	\$54
<input type="checkbox"/> Staff Family	\$35/month	\$189
<input type="checkbox"/> Resident Family	\$45/month	\$243
<input type="checkbox"/> Resident Family – Non enrolled	\$65/month	351
<input type="checkbox"/> Non-resident Family	\$85/month	\$459
<input type="checkbox"/> Resident Senior Citizen	\$12.50/month	\$67.5
<input type="checkbox"/> Non-resident Senior Citizen	\$18.50/month	\$100
Total Due	\$ _____	\$ _____

Primary Member's Name _____

Address _____

DOB _____ **Age** _____ **Email** _____

Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Membership Provisions:

- Fees quoted are monthly or 6-month.
- Memberships are non-reimbursable and non-transferable.
- A copy of a birth certificate or driver's license is required for age verification.
- Primary Member, 18 and older include the following in same residence:
 - Spouse (legally married)
 - Son, Daughter, Stepson, Stepdaughter, Foster Child, if 22 or under
 - Siblings, 22 and under
- **All members under 14 must be accompanied by a responsible adult at all times.**
- **Rates subject to change at the discretion of the CLWCC.**

Member Signature _____ **Date** _____

See Reverse side to add additional family members joining with you.

Family Members Joining With You

Name _____ **Age** _____ **DOB** _____ **Relationship** _____

Name _____ **Age** _____ **DOB** _____ **Relationship** _____

Name _____ **Age** _____ **DOB** _____ **Relationship** _____

Name _____ **Age** _____ **DOB** _____ **Relationship** _____

Name _____ **Age** _____ **DOB** _____ **Relationship** _____

Name _____ **Age** _____ **DOB** _____ **Relationship** _____

Office Use Only

Entered By _____ **New** _____ **Renewal** _____

Amount _____ **Paid By Cash** _____ **Check** _____ **Credit** _____ **Visa/MC/Disc/AMEX**