

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

WELLNESS CENTER MEMBERSHIP APPLICATION

Membership	Monthly	6 Months Paid in Advance
☐ 1 Day Pass	\$5/day	
☐ CCSD Staff	\$10/month	\$54
☐ Resident – Adult	\$15/month	\$81
☐ Non-resident – Adult	\$20/month	\$108
☐ CCSD Student	\$5/month	\$27
☐ Non-enrolled Resident Student/Non-resident student	\$10/month	\$54
☐ Staff Family	\$35/month	\$189
☐ Resident Family	\$45/month	\$243
☐ Resident Family – Non enrolled	\$65/month	351
☐ Non-resident Family	\$85/month	\$459
☐ Resident Senior Citizen	\$12.50/month	\$67.5
☐ 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 16 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**_____

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Name_____ **Age**_____ **DOB**_____ **Relationship**_____

Office Use Only

Entered By_____ **New**_____ **Renewal**_____

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