



<b>Wellness Center Orientation</b>	
<input type="checkbox"/>	Scheduled at registration
<input type="checkbox"/>	Call to Schedule Best time: _____
<input type="checkbox"/>	Decline Orientation

**The Ephrata Recreation Center**  
 130 South Academy Drive, Ephrata PA 17522  
 (717) 738-1167  
 www.ephratarec.com

**PRE PAID MEMBERSHIP APPLICATION 2012**

Type of Membership	Annual	2 Pay (due within 30 days)	Start-up Fee
Preschool (up to 5 years)	Free	N/A	
Student (6 to 18 years)	\$120	N/A	\$19
Individual Annual (19 & up)	\$239	N/A	\$25
Individual Matinee (Mon - Fri 10am -2pm)	\$164	N/A	\$15
Individual Platinum	\$720	( )	\$25
Couple Annual	\$364	N/A	\$50
Couple Matinee (Mon - Fri 10am -2pm)	\$252	N/A	\$30
Couple Platinum	\$972	( )	\$50
Family (includes up to 22 yrs old)	\$457	N/A	\$50
Family Platinum	\$1092	( )	\$50
Adult Platinum Add On	\$480	( )	

Phone # \_\_\_\_\_ School District/ Municipality \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**How did you learn about Membership Opportunities at the Rec?** \_\_\_\_\_

Member's Last Name	First Name	MI	Birth date	M/F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Main Contact:** (If under 18 years of age Parent's name is needed) \_\_\_\_\_

**MEMBERSHIPS ARE NONTRANSFERABLE, NONFREEZABLE, NONREFUNDABLE**  
 ERC's code of conduct, rules, and regulations are posted through out the building and I agree to comply with them. I understand that failure to comply with those terms will result in the loss of my membership without refund. ERC reserves the right to make additional rules and regulations and to amend or modify them. I hereby waive any claim for bodily injury or property damage against the Ephrata Recreation Center, its agents, servants and/or employees while a participant in activities and programs. I understand and acknowledge that there are risks of injury in recreational activities.

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

For Office Use ONLY	DATE PAID & PAID \$ _____	INITIALS _____	2012	METHOD OF PAYMENT _____	RENEWING MEMBER _____
---------------------	------------------------------	----------------	------	----------------------------	--------------------------