



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

EFT ANNUAL & MONTH TO MONTH MEMBERSHIP APPLICATION 2021

Type of Membership	EFT	Start-up Fee	Annual Administration Fee
Student (6 to 18 years)	\$16.00	\$20	\$25
Individual EFT (annual account)	\$26	\$25	\$35
Individual Month to Month	\$40	\$59	N/A
Individual Matinee EFT Mon - Fri 10am - 2 pm	\$18.75	\$15	\$25
Individual Platinum EFT	\$57.25	\$25	\$35
Couple EFT - (annual account)	\$40.00	\$50	\$60
Couple Month to Month	\$53	\$99	N/A
Couple Matinee EFT Mon - Fri 10am - 2 pm	\$25	\$30	\$48
Couple Platinum EFT	\$84.75	\$50	\$60
Family EFT (annual account)	\$52	\$50	\$60
Family Month to Month	\$64.00	\$99	N/A
Family Platinum EFT (includes up to 22 yrs old)	\$95.50	\$50	\$60

Wellness Center Orientation

[] Scheduled at registration

[] Call to Schedule
Best time: _____

[] Decline Orientation

_____ Note: End of Oct 2021 until February 2022 the pool is closed Monday thru Friday 3:00 to 7:00pm

Phone # _____ School District/ Municipality _____

Address _____ City _____ Zip _____

E-mail Address _____

How did you learn about Membership Opportunities at the Rec? _____ *Occupation:* _____

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

MEMBERSHIPS ARE NONTRANSFERABLE, NONFREEZABLE, NONREFUNDABLE.
REFUNDS CANNOT BE GIVEN FOR ANY PREVIOUS PROGRAM REGISTRATIONS.

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 &	METHOD OF	RENEWING
PAID \$ _____	INITIALS _____ 2021	PAYMENT _____	MEMBER _____