



MCCC FITNESS CENTER AND POOL MEMBERSHIP REGISTRATION FORM

DATE: _____ PHONE: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ DATE OF BIRTH: _____

REGULAR RATES

Individual Recreational Swim and Fitness Center combined (age 18 to 64)	\$35/month or \$400/year
Individual Pool (age 18 to 64)	\$20/month or \$200/year
Individual Fitness Center (age 18 to 64)	\$20/month or \$200/year
Family Pool (up to two parents and three minor children)	\$25/month or \$285/year

SPECIAL RATES*

Individual Recreational Swim and Fitness Center combined*	\$30/month per individual or \$350/year
Individual Pool	\$16/month or \$175/year
Individual Fitness Center	\$16/month or \$175/year

***Special Rates include:**

MCCC alumni (person must have completed 30+ credits at the college) and senior citizens (age 65+)

PAYMENT METHOD:

Credit Card # _____ Amount: _____

Expiration Date: _____ CVV#: _____

Signature: _____

I understand that my membership will start on the first day of the month and will be billed on a recurring monthly or annual basis. I may cancel my membership up until the day before the next scheduled payment in order to NOT be charged.

Signature: _____