



Application Date \_\_\_\_\_

229 Fremont St., Lake Mills, WI 53551

### Membership Application Form (Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Optional)

Address \_\_\_\_\_  
City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Optional)

Spouse \_\_\_\_\_ Referred by \_\_\_\_\_

Spouse's Birth Date \_\_\_\_\_

Spouse's Cell Phone \_\_\_\_\_

*In case of emergency, notify:*

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Children/Dependents:

Name	Birth date
_____	_____
_____	_____
_____	_____
_____	_____

**For office use only:**

**Membership Type:**

- Family  Single (over 18)  Youth (15-18)  Student (college)  Senior (55+)  Senior Couple
- Fort Health Care Employee  LMASD Employee

Join Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Payment Terms:  Annually (year pd in advance)  Monthly (yearly membership)  
 3-Month  Month-to-month

Registration Fee \$25 \_\_\_\_\_ 1<sup>st</sup> Month's Fee \$ \_\_\_\_\_ Annual Fee \$ \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

Paid by:  Cash  Check # \_\_\_\_\_ Discount applied \_\_\_\_\_

Staff Representative \_\_\_\_\_ Date \_\_\_\_\_

Membership ID \_\_\_\_\_

**Monthly payments are due by the 1st of each month. (EX: Jan. payment is due Jan.1)**

**Any payments received after the 15<sup>th</sup> will be subject to a late fee.**

The standard membership is for the twelve consecutive months. With a yearly membership or 3 month agreement, I am liable to pay for the entire year regardless of the amount of usage. With a monthly membership, I am liable to pay one additional month after cancellation notice is received. It is my responsibility to contact the Rock Lake Activity Center, Inc., in writing, at least 30 days prior to any changes or cancellation of my membership. The rates are subject to change, and I will be notified at least 45 days in advance of such change.

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