

Panther Community Fitness Center Membership Application

Name: _____

Spouse Name, if Couples Membership: _____

Address: _____

Primary Phone Number: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Phone: _____

Type of Membership (select one) **Exact Cash or Check ONLY**

Individual (\$108)

Couple (\$207)

College – annual (\$37.50)

College – summer June 1 to August 31 (\$12.50)

Senior Individual (62+) (\$54)

Senior Couple (\$103.50)

Amount Paid: _____

Date Paid: _____

Check # _____

SELECT ONE:

New Annual Membership

Extend Current Membership 12 months – current expiration date is: _____

You may begin using the Panther Community Fitness Center as soon as: your membership is paid and approved; you have returned the signed PCFC User Agreement; and you have completed the required equipment training. If you or your spouse is not approved, then a refund will be issued. Annual memberships will expire on the last day of the month 12 months from purchase.

I reside in or own property, for which I pay taxes, in the School District of Pittsville.

Applicant's signature _____

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Administration Use Only

Orientation for Equipment Use:

PCFC Staff Signature: _____

Date Orientation Completed: _____

Panther Community Fitness Center User Agreement signed and returned for each individual (Couples Membership requires one agreement for each person).

College Status at least ½ time verified by Attendant/Date: _____

Date membership expires: _____