

IDA GROVE COMMUNITY REC CENTER

MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work: _____ Cell: _____

Type of Membership Requested: (Check all that apply)

___ Family _____ Senior Couple 4 Month _____

___ Single Parent Family _____ Student/College Student 6 Month _____

___ Couple _____ One Month Trial 1 Year _____

___ Single _____ Military Discount (10% off)

___ Senior Single _____ Rec Center Staff Discount (10% off)

___ Corporate Discount: (please check appropriate business) _____ Ida Grove Ambulance

Horn Memorial Hospital _____

Northstar CCU _____

GOMACO/Godbensen-Smith _____ (requires 1 year membership and must have Company

Voucher when signing up for membership)

Family Members:

Husband _____

Wife _____

Children:

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

FOR OFFICE USE ONLY

Start Date of Membership: ____/____/____

Membership Expiration Date: ____/____/____

Amount Paid: \$ _____

Method of Payment: CASH \$ _____

CHECK \$ _____ # _____

GIFT CERTIFICATE \$ _____

CORPORATE DISCOUNT \$ _____