



Application for Membership Wolf Ranch Recreation Center

Fill out all white areas of this form. Shaded areas will be filled out by recreation staff.

New Membership _____ Returning Member _____

Wolf Ranch Address		Membership Type
Adult Member		Card Number
Adult Member		Card Number
Additional Member	Date of Birth	Card Number
Additional Member	Date of Birth	Card Number
Additional Member	Date of Birth	Card Number
Additional Member	Date of Birth	Card Number
Additional Member	Date of Birth	Card Number
Additional Member	Date of Birth	Card Number
Nanny (if applicable)	Date of Birth	Card Number
Home Phone	Cell Phone	Alt Phone
Alt Phone	Email	
Alt Email	Alt Email	
Emergency Contact	Relationship	Phone Number
Emergency Contact	Relationship	Phone Number
Guest Passes	Membership Notes	
<p>I have read and understand the Wolf Ranch Pool and Recreation Center Rules and Regulations. By signing this Membership application I agree to abide by and uphold the Wolf Ranch Pool and Recreation Center Rules and Regulations.</p>		
Signature	date	Signature date
Signature	date	Signature date
Payment Notes: Payment: Date _____ amount _____ cash _____ check _____ check number _____ initial _____		