



Leisure Services

GREELEY FAMILY FUNPLEX

1501 65th Avenue
Greeley, CO 80634
(970) 350-9401

GREELEY RECREATION CENTER

651 10TH Avenue
Greeley, CO 80631
(970) 350-9400

CORPORATE MEMBERSHIP APPLICATION FORM (Must present verification of current employment)

FAMILY

New

Renewal

Circle One

General Membership Information

Your membership includes the following package:

- ❖ Unlimited use of **BOTH** Fitness Centers
- ❖ Unlimited use of **BOTH** Open Gyms
- ❖ Unlimited use of **BOTH** Locker Rooms
- ❖ **90% discount on morning land and aqua aerobic classes at BOTH facilities**
- ❖ Unlimited use of Open Swim, Lap Swim at **BOTH facilities**
- ❖ Unlimited use of **BOTH** Children's Rooms
- ❖ Unlimited use of the Walking Track (**Funplex**)
- ❖ **Use of the Rock Climbing Wall (Recreation Center, Certification required)**
- ❖ **Use of Racquetball Courts (Recreation Center)**
- ❖ **50% discount on prime time non-contracted Aerobics**
- ❖ **10% discount on prime time meeting room rentals (Annual Members)**
- ❖ **5% discount on Youth Sports registrations (Annual Members)**
- ❖ **10% discount on birthday party packages at FunPlex, Ice Haus and Recreation Center (Annual Members)**
- ❖ **Four day-use guest passes (expires when membership expires) (Annual Members)**
- ❖ **Two day-use guest passes (expires when membership expires (6 month members)**
- ❖ **LIMITED TIME OFFER - 50 % discount on contracted**

Annual - \$500

6 Months - \$275

3 Months - \$165

"Family" is up to 2 adults and 4 children (18 and under) living in the same household. Each child member above the initial six is charged an additional fee of \$30.00 (quarterly), \$50.000 (6 Month) or \$90.00 (Annual). Proof of residence is required.

STAFF USE ONLY

New Membership: _____
Date (Month/Year)

Staff Initials: _____

Membership Renewal for Quarterly Only

January, 20__ Staff ____	May, 20__ Staff ____	September, 20__ Staff ____
February, 20__ Staff ____	June, 20__ Staff ____	October, 20__ Staff ____
March, 20__ Staff ____	July, 20__ Staff ____	November, 20__ Staff ____
April, 20__ Staff ____	August, 20__ Staff ____	December, 20__ Staff ____

APPLICANT INFORMATION

Name _____
 Last First Middle Initial

Home Address: _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Mailing Address (if different from above) _____

E-Mail Address _____

Birthdate _____ Male Female

FAMILY MEMBERS

Last Name	First Name	Middle Initial	Birthdate	Male / Female
				M F
				M F
				M F
				M F
				M F
Additional Family Members (additional charges apply)				
				M F
				M F
				M F
				M F

When paying for services with a personal check: Disclosure of Social Security number and other personal information is mandatory. All information furnished will be used to identify, to this activity, writers whose checks have been returned unpaid. Request for this information is made pursuant to the authority of Title 5, U.S.C. Section 301 & Title 10, U.S.C. Section 5031.

Terms of Use

1. Membership cards must be submitted to Front Desk staff each time members use the facility.
2. A replacement fee of \$5 per card will be charged for each annual membership card that is lost.
3. Memberships are not refundable.
4. No retroactive refunds or discounts will apply.
5. All existing facility rules apply.
6. Facility hours and program offerings are subject to change.
7. Occasionally, programs may be delayed due to special events.

I understand and agree that I, and my family members, if applicable, will adhere to the terms outlined in the Agreement.

 Applicant

 Date