



Southern Vermont Recreation Center

...Building together...

Join Us!

Member 1: (please print clearly)

First Name _____ MI _____ Last _____ M F
 Address _____ Birth Date ____ / ____ / ____
 City _____ State _____ Zip Code _____ - _____
 Home Phone _____ E-mail Address _____
 Your Occupation _____ Employer _____

Member 2:

First Name _____ MI _____ Last _____ M F
 Birth Date ____ / ____ / ____ E-mail Address _____
 Occupation _____ Employer _____
 Emergency Contact #1 _____ Relationship _____ Phone _____
 Emergency Contact #2 _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						
07						

Join Date: _____ Membership Length: Annual 6-month Perpetual Bank Draft _____

Payment: Check# _____ Credit Card Monthly Bank Draft Other _____ Certificate #: _____

Type of Membership: 1-Adult Family 2-Adult Family Senior Adult Youth Teen