

Membership Application



Date: _____

Total # of Members _____

FOB # INFORMATION	
NAME: _____	Fob # _____
NAME: _____	Fob # _____

Main Member Personal Information

(PLEASE PRINT)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Gender: Male / Female

Home Phone: _____

Cell Phone: _____

E-mail: _____

Family Member Information

(Please list all applicable family members to be included in couple or family memberships.)

First Name	Last Name	Relationship To Main Member	Gender	Date of Birth (mm/dd/yyyy)
			M/F	
			M/F	
			M/F	
			M/F	
			M/F	
			M/F	
			M/F	
			M/F	

Emergency Information

(Someone who is NOT part of this membership.)

Emergency Contact: _____ Relationship: _____

Cell Phone: _____

Home Phone: _____

Medical Information

State member's name and any medical information that would be helpful for the RAC team to know in case of an emergency.

Last Name

First Name

Membership Options

SINGLE – One person	ANNUAL \$125.00
COUPLE - Two people living in the same household	\$150.00
FAMILY – Three or more people living in the same household (Includes child/children kindergarten through college)	\$200.00

Membership Agreement

- ___ All Riceville Activity Center memberships are CALENDAR YEAR CONTRACTS. Memberships will be prorated through December.
- ___ There will be no refunds.
- ___ If you have paid for an annual membership, you can choose not to renew at the conclusion of the calendar year.
- ___ Purchase of FOB(s) at the cost of \$10 **EACH**. A couple membership will be allowed two FOBs and a family membership will be allowed for two FOBs. The owner is responsible for the cost to replace a lost or broken FOB.
- ___ INSUFFICIENT FUNDS—If a membership fee fails to process, a required \$20.00 fee will be charged on the account.
- ___ I am not on the sex offender registry.
- ___ I have not been convicted of a felony.

Member Signature

As the Main Member of this RAC membership, I agree to abide by the policies set forth by the RAC Membership Board. A parent or guardian signature is required for a single membership for students who are of high school age. I understand if I cancel my membership within the year, no refund will be given.

Signature _____

Date _____

Name (Please Print) _____

Parent/Guardian: _____

Date _____

Name (Please Print): _____

OFFICE USE ONLY-----PAYMENT: ANNUAL MEMBERSHIP PAID IN FULL

	Cash
	Check #

Membership Fee	
FOB (s)	
TOTAL	