

New Membership Application

Primary Membership	First Name:	
	Last Name:	
	DOB (M/D/Y):	Sex: M / F
	Email:	
	Home Phone:	
	Cell Phone:	
	Mailing Address: City: Province: Postal Code:	

Add'l Memberships (if applicable)

First Name: Last Name: Gender: DOB (M/D/Y): Photo Taken: Y / N	First Name: Last Name: Gender: DOB (M/D/Y): Photo Taken: Y / N	First Name: Last Name: Gender: DOB (M/D/Y): Photo Taken: Y / N
First Name: Last Name: Gender: DOB (M/D/Y): Photo Taken: Y / N	First Name: Last Name: Gender: DOB (M/D/Y): Photo Taken: Y / N	First Name: Last Name: Gender: DOB (M/D/Y): Photo Taken: Y / N

Please note that family memberships are intended for immediate family members only (ie. mother, father and their children) unless approved by management.

Membership Options				
Child (3-7 years)	Youth (8-17 years)	Adult (18-59 years)	Senior (60+ years)	Family
Flex Pass \$36.00	Flex Pass \$45.00	Flex Pass \$67.50	Flex Pass \$45.00	Flex Pass \$198.00
Monthly \$28.00	Monthly \$35.00	Monthly \$52.50	Monthly \$35.00	Monthly \$154.00
Annual \$252.00	Annual \$315.00	Annual \$472.50	Annual \$315.00	Annual \$1,232.00

Photo is Mandatory for Membership Cards

Terms and Conditions

I understand;

1. That by paying the outlined membership fee I am signing up for said membership at the Wetaskiwin Regional Aquatic & Fitness Centre (Manluk Centre).
2. I will not be reimbursed for any annual maintenance, special event, exams, cleaning, mechanical failure, emergencies or spontaneous closures of the Manluk Centre.
3. My pass is not transferable (with the exception of the Flex Pass) and I must bring my card with me for access to the facility
4. A \$5 fee will be charged to replace each lost card.
5. I will comply with all Rules and Regulations of the facility.
6. I will not engage in the sale of merchandise, souvenirs, novelties, the rental of equipment or in instructional practices in the Manluk Centre. Any advertising within the facility must first receive approval from the Manluk Centre Manager.
7. My pass provides me access to the whole facility for the full day as well as value-added classes. Public rates apply for registered programs and classes.
8. My membership is non-refundable.
9. That unless unexpected medical conditions arise my membership will not be suspended for any reason.

I acknowledge that I have read and agree to the Terms and Conditions.

Signature: _____ Date: _____

Personal Information Collection Notice

The personal information on this form is collected under the Freedom of Information and Protection Act. It will be used to set up your membership, for membership management and quality control. Questions concerning the collection, use and disclosure of the personal information should be directed to the: Director of Community Services; 780-361-4442.

Office Use Only	
Payment Method:	Cash Cheque Credit Debit P.O. Gift Card
Fee:	
Date:	Activation Date:
Expiry Date:	
Bar Code Assigned:	
Employee Name:	
Card Printed: Y / N	