

MEMBERSHIP APPLICATION

Effective April 2014



- Berea residents are required to show two forms of identification showing proof of residency.
- If you work in Berea, you must provide a pay stub as evidence that Berea taxes are withheld.
- Residents of Olmsted Falls, Olmsted Twp. and Columbia Sta. must show two forms of identification showing proof of residency.

WE RESERVE THE RIGHT TO REQUIRE A BIRTH CERTIFICATE OR PHOTO ID AS PROOF OF AGE.

All members on a single receipt must be related by blood or marriage and reside in the same household as the primary member.

BEREA RESIDENTS ONLY: RECREATION CENTER ONLY VALUE PACKAGE

TOTAL NUMBER OF ADULTS (AGE 18-59) _____ TOTAL NUMBER OF TEENS (AGE 15 – 17) _____

TOTAL NUMBER OF YOUTH (AGE 8 – 14) _____ TOTAL NUMBER OF SENIORS (AGE 60 +) _____

DATE: _____ Circle one: NEW MEMBERSHIP RENEWAL

Primary Member's Name: _____

Date of Birth: _____ Age: _____

Current Address: _____ City: _____ Zip Code: _____

Primary phone: _____ Secondary phone: _____

Email Address: _____
(Email is the primary method of communication we use with our members)

Name of Second ADULT or SENIOR Family Member: _____ Date of Birth: _____

Relation to Primary Member: _____

Name of third ADULT or SENIOR Family Member: _____ Date of Birth: _____

Relation to Primary Member: _____

Other Family Member (age 8 – 59): _____ Date of Birth: _____

Other Family Member (age 8 – 59): _____ Date of Birth: _____

Other Family Member (age 8 – 59): _____ Date of Birth: _____

Other Family Member (age 8 – 59): _____ Date of Birth: _____

Emergency Contact: _____

Relation to Primary Member: _____ Telephone Number: _____

TURN OVER TO COMPLETE APPLICATION

