



MEMBERSHIP APPLICATION

THE JONES CENTER WILL CONSIDER ALL APPLICATIONS WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. HOWEVER, FOLLOWING MRS. BERNICE JONES GUIDANCE; "ALL ARE WELCOME WHO BEHAVE AS LADIES AND GENTLEMEN", THE CENTER RESERVES THE RIGHT TO EXCLUDE PATRONS WHO BEHAVE IN A WAY IT DEEMS INAPPROPRIATE. MEMBERSHIP FEES ARE NOT REFUNDABLE AND NON-TRANSFERABLE.

HOUSEHOLD # _____
(internal use only)

INDIVIDUAL MEMBERSHIP

- FITNESS/ADULT (18+) - \$8/month or \$90/year
- FITNESS/CHILD (ages 0-17) - \$35/year
- FITNESS/SENIOR (65+) - \$7/month or \$80/year
- SILVER SNEAKERS (if applicable) _____
- ALL-ACCESS/ADULT (18+) - \$17/month or \$200/year
- ALL-ACCESS/CHILD (ages 13-17) - \$11/month or \$125/year
- ALL-ACCESS/SENIOR (65+) - \$12.50/month or \$150/year

FAMILY MEMBERSHIP

- FITNESS - \$16/month or \$180/year
- FITNESS/SENIOR (65+) - \$9.50/month or \$110/year
- ALL-ACCESS - \$25/month or \$300/year
- ALL-ACCESS/SENIOR (65+) - \$21/month or \$250/year

A fitness membership includes unlimited access to our fitness center, gymnasium, indoor walking track, and fitness classes. An All-Access membership gives you access to all of the Fitness amenities plus unlimited access to our pools and ice rink (during public sessions). **Please note that there is a non-refundable \$10 one-time set up fee for monthly installment billing. USE BLUE OR BLACK INK ONLY. Membership is non-refundable and non-transferable unless except for upgrades.**

PRIMARY ADULT (18 or older)

Name _____ Phone Number _____
 LAST FIRST MIDDLE

Address _____ 2nd Phone No. _____
 NO. STREET APT

_____ Date of birth _____
 CITY STATE ZIP MM/DD/YYYY

Hispanic/Latino White (non hispanic) Black/African American Male

Native Hawaiian/Pacific Islander Asian American Indian/Alaskan Native Female

Email address _____ Corporate Wellness Member (if applicable)

Employer _____ Gold Silver Bronze

In case of illness or injury, The Jones Center is authorized to secure emergency medical treatment at the member's expense. List a person we may contact in case of emergency:

Name _____ Relationship _____ Phone Number _____

Total Annual Household Income (include: Social Security, Child Support; Alimony; Pensions)

- less than \$24,000 \$24,001 to \$48,000 \$48,001 to \$60,000 \$60,001 to \$80,000
- Over \$80,000 Scholarship Request (Verification Required)

WAIVER AGREEMENT

I understand that the use of facilities and equipment at The Jones Center may involve risk of property damage or bodily injury including, but not limited to, broken limbs, paralysis, concussions, drowning, or even death and in consideration to my use of the facility I, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE, INDEMNIFY, AND HOLD HARMLESS The Jones Center, its directors, employees, volunteers and participants from any course of action, claims, or demands including, but not limited to, negligence, personal injury, property damage, death, or an accident of any kind, arising out of or in any relation to the use of The Jones Center facilities. I acknowledge that my use of The Jones Center is completely voluntary, and I assuming all risk that comes with using the facility because I have read this agreement in its entirety.

Date _____ Signature _____

