

Membership Application

Name

First Name	M.I.	Last Name	Birthdate	Gender
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Residence

Street Address	City	State	Zip Code
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Telephone Numbers / Email Address

Home Phone	Cell Phone	Email Address
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Employer

Company Name	Position
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Emergency Contact

Name	Phone Number
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Referral

Referred by

Family

Name (Last, if different)	Birthdate	Gender	Email Address

Health History

Please indicate if any of these conditions apply to any Adult family member.	Family Member			
	1	2	3	4
Heart Condition				
Chest Pain				
High Blood Pressure (over 140/90)				
Pregnant				
Uncontrolled Asthma or Other Lung Condition				
Male Over Age 45 or Female Over Age 55				
High Cholesterol				
Controlled Asthma				
Faintness or Dizzy Spells				
Smoke				
Arthritis or Joint Condition				
Diabetes				
Osteoporosis or Other Bone Condition				
Any Other Condition That Might Affect Your Ability to Exercise				

Background

We strive to provide membership and program services to all who desire to participate. The following questions help us know the people we are serving, and enables us to apply for grants to better serve our members. Answering these questions is voluntary, but it appreciated.

Household Income

- Under \$14,999
- \$15,000 - 24,999
- \$25,000 - 34,999
- \$35,000 - 49,999
- \$50,000 - 74,999
- \$75,000 - 99,999
- \$100,000 - 149,999
- \$150,000 +

Ethnic/Racial Background

- White
- African American
- Hispanic or Latino
- Native American
- Asian/Pacific Islands
- Multi-Racial
- Other _____

Greater Midland - Beliefs

As a non-profit organization that aims to build healthier lives, we believe:

1. Our programs are affordable and accessible to all customers. We provide financial assistance to individuals who without such help could not participate in our programming.
2. We provide safe, quality programming and facilities managed by qualified personnel.
3. We provide a positive, supportive, and stimulating working environment, encouraging all employees to achieve personal excellence. We are committed to development of our employees.
4. We show respect for all.
5. We collaborate with other area agencies to find solutions for necessary and advantageous services and programming within the community.
6. We are a responsible and efficient steward of the resources with which we are entrusted.
7. We reflect and enhance the values of caring, honesty, respect, and responsibility through our conduct and programming.
8. We act as a good neighbor, promptly addressing concerns and suggestions raised by customers and the community at large.
9. We provide places where the community comes together to enjoy recreational, social, and personal development opportunities.

Conditions of Membership

All members are required to present a current, valid membership card for identification when using any of the Greater Midland facilities. Membership cards are not transferable. As a member of Greater Midland you agree to follow the policies, procedures, and appropriate behaviors for the safety and comfort of all members and guests.

Hold Harmless Statement

Member specifically assumes all risk of injury arising out of his or her presence on or about the premises, or his or her use or intended use of equipment of facilities, or his or her participation in the activities of Greater Midland, a Michigan corporation, on or about the premises and does hereby for himself or herself, his or her heirs, executors, and administrators waive, release, and agree to hold free from all claims for damages, the Greater Midland corporation, and its respective officers, directors, Board of Trustees, members, employees, or agents.

Photo Release

I give permission to Greater Midland and its affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my image or voice for purposes of promoting or interpreting Greater Midland programs.

I have read, understand, and agree with the Conditions of Membership, Hold Harmless Statement, and Photo Release above. In addition, I understand and agree that the Conditions of Membership and Hold Harmless Statement are in effect throughout my membership with Greater Midland. I understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Signature is Required to Receive Your Membership Card.

For Office Use					
Operating Unit:	Community Center	Tennis Center	North Family	Coleman	North-End
Membership Class:	Youth	Adult	Family	Other _____	
Membership Type:	Core _____		Multi	Premier	
Date _____	Welcome Center Staff _____				