

**SHILOH_MCDONOUGH COMMUNITY OUTREACH FAMILY LIFE CENTER (SMCO-FLC)
MEMBERSHIP APPLICATION**

AGREEMENT AND ACKNOWLEDGEMENT OF RISK

Please complete both pages of this application. Incomplete forms will not be accepted.

SECTION 1: MEMBER CONTACT INFORMATION

| | | | |
|------------------|--|-----------------------|---|
| TITLE | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | AGE _____ | Date of Birth ____ / ____ / ____ |
| NAME | | | |
| ADDRESS I | | MAIN TELEPHONE | |
| TOWN/CITY | | MOBILE PHONE | |
| ZIP CODE | | PRIMARY EMAIL | |
| | | | |

SECTION 2: TYPE OF MEMBERSHIP

| | |
|------------------------|--|
| MEMBERSHIP TYPE | ACTIVE MEMBER OF SHILOH (Check Type of Membership) |
| | <input type="checkbox"/> SENIOR 62+ <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> YOUTH <input type="checkbox"/> FAMILY (Complete Section #3) |
| MEMBERSHIP TYPE | COMMUNITY MEMBER (Check Type of Membership) |
| | <input type="checkbox"/> SENIOR 62+ <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> YOUTH <input type="checkbox"/> FAMILY (Complete Section #3) |

SECTION 3: FAMILY MEMBERSHIP INFORMATION

| | Name | AGE | Date of Birth |
|-------------------|-------------------|-----|--------------------|
| | Family Lead: | | ____ / ____ / ____ |
| FAMILY | Family Member # 1 | | ____ / ____ / ____ |
| | Family Member # 2 | | ____ / ____ / ____ |
| MEMBERSHIP | Family Member # 3 | | ____ / ____ / ____ |
| | Family Member # 4 | | ____ / ____ / ____ |

SECTION 4: EMERGENCY CONTACT INFORMATION

| | | | |
|-------------------------------|--|---------------------|--|
| EMERGENCY CONTACT NAME | | RELATIONSHIP | |
| EMERGENCY PHONE# | | ALT. PHONE # | |

SECTION 5: MEMBERSHIP FEE: ACTIVE MEMBERS OF SHILOH BAPTIST CHURCH MCDONOUGH

| ACTIVE MEMBER SBC MCDONOUGH | ENROLLMENT FEE | SBC MEMBERSHIP (Monthly) | SBC MEMBERSHIP (Yearly) |
|-----------------------------|----------------|--------------------------|-------------------------|
| SHILOH SENIOR AGE 62+ | N/A | \$20 | \$240 |
| INDIVIDUAL | N/A | \$30 | \$360 |
| YOUTH AGE 13-17 | N/A | \$10 | \$120 |
| FAMILY | N/A | \$45 | \$540 |

MEMBERSHIP FEE: COMMUNITY MEMBERS (OTHER)

| COMMUNITY MEMBER | ENROLLMENT FEE | SBC MEMBERSHIP (Monthly) | SBC MEMBERSHIP (Yearly) |
|------------------|----------------|--------------------------|-------------------------|
| SENIOR AGE 62+ | \$30 | \$27 | \$324 |
| INDIVIDUAL | \$30 | \$37 | \$444 |
| YOUTH AGE 13-17 | \$30 | \$15 | \$180 |
| FAMILY | \$45 | \$60 | \$720 |

SECTION 6: PAYMENT OF FEES

| CASH/CREDIT CARD/DEBIT CARD | BANK DRAFT |
|---|--|
| PAID ANNUALLY See Membership Type & Fee Above | Month-to-Month or Yearly See Membership Type & Fee Above |



RELEASE FROM LIABILITY FORM

As a user of the facility, I shall follow all applicable facility policies and procedures and comply with all directives issued by the facility staff. I agree to refrain from the use of offensive or inappropriate language, wear appropriate exercise attire, use the equipment in accordance with its intended use, and respect the individual privacy of others utilizing the facility. I understand that a violation of any facility policies or procedures may result in disciplinary action up to and including suspension or expulsion from the facility.

I understand and agree that Shiloh-McDonough Community Outreach Family Life Center (SMCO-FLC) does not provide medical services or medical personnel at the facility. Therefore I consent to emergency medical care (911) should it be required.

I hereby release SMCO-FLC from any liability that may occur.

Print Name _____ Date _____

Signature _____

**SHILOH-MCDONOUGH COMMUNITY OUTREACH FAMILY LIFE CENTER
262 MACON STREET
MCDONOUGH, GA 30253**