

Tarrant County Resource Connection Aquatic Center

PLEASE NOTE: ➤ If you attend one day in a month, you will be billed for the entire month.

➤ MEMBERSHIP STATUS CAN ONLY BE CHANGED AT THE BEGINNING OF A MONTH. IF YOU CHANGE MEMBERSHIP MID-MONTH, IT WILL NOT TAKE EFFECT UNTIL THE BEGINNING OF THE FOLLOWING MONTH.

Please check one of the following:

[] Individual (\$25.00/mo.) [] *Family-- 2-4 members (\$35.00/mo.) [] *Family -- 5 or more members (\$45.00/mo.)

Please list (PRINT) the family members who will be covered under this membership including yourself if you are also a member. ***All members on a family plan must live in the same household and prove residency:**

Primary Account Member Name _____ DOB _____

Member name _____ DOB _____

Relationship to primary member _____

Member name _____ DOB _____

Relationship to primary member _____

Member name _____ DOB _____

Relationship to primary member _____

Member name _____ DOB _____

Relationship to primary member _____

Member name _____ DOB _____

Relationship to primary member _____

BILLING INFORMATION

Name _____ Home Phone _____

Address _____ City, State _____ ZIP _____

Work Phone _____ Email address: _____

EMERGENCY CONTACT INFORMATION: *Please list contact in case of an emergency*

Name _____ Primary Phone _____

Relationship _____

I hereby verify that the above information is true & accurate to the best of my knowledge. Date: _____

Signed: _____ Printed Name: _____