

Guest Pass # _____

Membership Application

ACH Entered _____



1700 Breckenridge Street
 Phone: 920-387-7988 Fax: 920-387-7707 (X) R & R Policies _____
 e-mail: mayvillecity/tagcenter.com
 (2019) (X) Physical Profile _____

Primary/Guardian

First Name _____ Last Name _____ MI _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Emergency Contact: Name _____ Phone # _____

Card Holder Names (X for Special Assistance)	M/F	Birthdate

10 VISIT PUNCH CARD ~ Circle choice

	<u>Resident</u>	<u>Non-Resident</u>	Cash _____
<u>AQUATIC ONLY</u>	\$40.00	\$45.00	Check # _____
<u>FITNESS ONLY</u>	\$70.00	\$75.00	Credit Card _____
(PUNCH CARDS EXPIRE ONE (1) YEAR FROM THE DATE OF PURCHASE)			# _____ \$ _____ Gift Certificate

WAIVER: I authorize the City of Mayville TAG Center staff and volunteers to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release the City of Mayville TAG Center staff and volunteers from any and all liability and cost associated with the program/class. I further understand that I or my medical insurance carrier will be responsible for any expenses arising from said emergency or treatment. Participants will be expected to follow rules and instructions from staff. Violations and disruptive behavior on a continued basis will result in dismissal. In the event of dismissal, fees will not be refunded.

The TAG Center reserves the right to change schedules and hours.

Primary/Guardian Signature: _____ Date: _____

How did you hear about the TAG Center? (please circle)

Radio Internet Website Newspaper Family/Friend Other _____

(2019) **Annual memberships on monthly withdrawals will automatically renew following the completion of your initial 12 month membership unless notified otherwise.

Yearly Membership Rates ~ Circle choice of **Membership** and **Annual or Monthly Debit**

Resident	Annual	Bank Draft	Method of Payment	
Youth (PreK-8)	\$227.00.....	\$24.00		
High School/College	\$291.00.....	\$29.00	<u>Savings</u>	Cash _____
Adult (Ages 18-61)	\$404.00.....	\$38.00		
Senior Individual	\$344.00.....	\$33.00	<u>Checking</u>	Check # _____
Adult Couple	\$571.00.....	\$52.00		
Senior Couple	\$490.00.....	\$45.00	<u>Credit Card</u>	Credit Card _____
Single Parent	\$442.00.....	\$41.00		
Family	\$641.00.....	\$57.00		Gift Certificate # _____ \$ _____

Non-Resident	Annual	Bank Draft	Method of Payment	
Youth (PreK-8)	\$270.00.....	\$27.00		
High School/College	\$350.00.....	\$34.00	<u>Savings</u>	Cash _____
Adult (Ages 18-61)	\$463.00.....	\$43.00		
Senior Individual	\$399.00.....	\$38.00	<u>Checking</u>	Check # _____
Adult Couple	\$657.00.....	\$59.00		
Senior Couple	\$555.00.....	\$50.00	<u>Credit Card</u>	Credit Card _____
Single Parent	\$511.00.....	\$47.00		
Family	\$732.00.....	\$66.00		Gift Certificate # _____ \$ _____

*Monthly Debit is deducted monthly from a savings or checking account.

*An additional \$50 (approx) service fee is figured into the monthly withdrawal per year.

*Any payments returned for insufficient funds will be charged \$35.00.

SHORT TERM MEMBERSHIP RATES ~ Circle choice of **Membership** and **Month**

Resident	1-Month	3-Month	6-Month	Method of Payment
Youth (PreK-8)		\$86.00	\$146.00	
High School (9-12)		\$108.00	\$194.00	Cash _____
College Student	\$54.00	\$108.00	\$194.00	
Adult (Ages 18-61)	\$91.00	\$177.00	\$270.00	Check # _____
Senior Individual		\$151.00	\$232.00	
Adult Couple		\$253.00	\$382.00	Credit Card _____
Senior Couple		\$215.00	\$323.00	
Single Parent		\$194.00	\$296.00	# _____ \$ _____
Family		\$291.00	\$452.00	Gift Certificate

*All Short Term Memberships must be PAID IN FULL by Check or Cash

Non-Resident	1-Month	3-Month	6-Month	Method of Payment
Youth (PreK-8)		\$97.00	\$172.00	
High School (9-12)		\$119.00	\$227.00	Cash _____
College Student	\$59.00	\$119.00	\$227.00	
Adult (Ages 18-61)	\$103.00	\$205.00	\$313.00	Check # _____
Senior Individual		\$172.00	\$263.00	
Adult Couple		\$291.00	\$442.00	Credit Card _____
Senior Couple		\$248.00	\$371.00	
Single Parent		\$227.00	\$344.00	# _____ \$ _____
Family		\$323.00	\$495.00	Gift Certificate

AUTHORIZATION AGREEMENT-For Pre-arranged payments (ACH Debits)

Company Name
CITY OF MAYVILLE

Company ID Number
39-6005522

DATE
[REDACTED]

MEMBER ID #
[REDACTED]

I (we) hereby authorize The **TAG Center** hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings Account indicated below and the depository named below, hereinafter called DEPOSITORY to debit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting whichever occurs first.

CHECKING- [REDACTED] **SAVINGS-** [REDACTED] **Credit Card-** [REDACTED] **AMOUNT** [REDACTED]

DEPOSITORY/ BANK NAME [REDACTED] **BRANCH** [REDACTED] **TRANSIT/ROUTING NUMBER** [REDACTED]

CITY, STATE, ZIP [REDACTED] **ACCOUNT NUMBER** [REDACTED]

NAME (PLEASE PRINT NAME) [REDACTED] **NAME (If Joint Account-2nd Signature Needed)** [REDACTED]

SIGNATURE [REDACTED] **SIGNATURE** [REDACTED]