



111 Idaho Street
712.659.3010
mike@cityofglidden.org

Membership Form

Last Name _____ First Name _____ Middle Initial _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Home phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Age (circle one) 15-17 18-29 30-39 40-49 50-59 60-69 70-79 80-89 90-99

Individual Membership Options (Ages 16 and up)

Fob (Key)		\$ 10.00
Twelve Month	\$120.00	\$ _____
Six month	\$ 80.00	\$ _____
One Month	\$ 20.00	\$ _____
Twelve Month (60+)	\$100.00	\$ _____
Total Amount Due		\$ _____

By my signature below I, the Member, certify that I am physically able to use all facilities and do hereby agree that this facility is not responsible or liable to me for any injury, accident or loss of person property. I understand that I cannot transfer this membership to any other person. I do hereby release this facility from any claim or cause of action which may have occurred a result of any medical problem known or unknown which I have knowledge presently or in the future. I verify no promises or guarantees, other than those written in this agreement, were made to be by this facility. I agree to follow Glidden Wellness Center instructional guidelines and to cooperatively utilize the facilities with other members. Failure to do so may result in cancellation of my membership. I CERTIFY THAT I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS HEREIN.

Member Signature _____ Date _____

City Official Signature _____ Key# _____ Expiration Date _____

Renewal date _____ Pmt _____ Expiration Date _____

Renewal date _____ Pmt _____ Expiration Date _____

Renewal date _____ Pmt _____ Expiration Date _____

Renewal date _____ Pmt _____ Expiration Date _____