

SYRACUSE COMMUNITY CENTER

Membership Form

Name _____
Address _____
City _____ State _____ Zip _____
Birthday _____ Male/Female _____ Resident/Non-resident _____
Date _____ Tel # _____

Membership Information

Monthly Pass Annual Pass Punch Pass

Senior (60 +) Youth (14-17) Adult Couple Family
 Adult (18-59) Child (5-13) Senior Couple Employee

Additional Members On Pass (for adult couple, senior couple & family)

Name _____
Birthday _____ Male/Female _____ Relation to Pass-owner _____

Name _____
Birthday _____ Male/Female _____ Relation to Pass-owner _____

Name _____
Birthday _____ Male/Female _____ Relation to Pass-owner _____

Name _____
Birthday _____ Male/Female _____ Relation to Pass-owner _____

Name _____
Birthday _____ Male/Female _____ Relation to Pass-owner _____

FEE PAID _____ DATE _____ RECEIVED BY _____
RECEIPT # _____ CHECK # _____ CASH _____
PLEASE MAKE CHECKS PAYABLE TO: SYRACUSE CITY