

Aquatic Center at the Resource Connection of Tarrant County

Choose one of the following Membership Plans:

Individual: \$30.00/mo.

*Family 2 - 4: \$45.00/mo.

*Family 5+: \$60.00/mo.

PLEASE NOTE: ➤ **MEMBERSHIP STATUS** can only be changed on the first of each month. A MEMBERSHIP STATUS CHANGE request submitted after the first of the month, will not take effect until the following billing cycle.

Please list (**PRINT**) all family members* who will be covered under this membership, including yourself, if you are also a member. ***ALL members on a family membership MUST live in the same household and MUST prove legal residency.**

Primary Account Holder Name: _____ D.O.B: ____ / ____ / ____

2nd Member Name: _____ D.O.B: ____ / ____ / ____

Relationship to primary account holder: _____

3rd Member Name: _____ D.O.B: ____ / ____ / ____

Relationship to primary account holder: _____

4th Member Name: _____ D.O.B: ____ / ____ / ____

Relationship to primary account holder: _____

5th Member Name: _____ D.O.B: ____ / ____ / ____

Relationship to primary account holder: _____

6th Member Name: _____ D.O.B: ____ / ____ / ____

Relationship to primary account holder: _____

ACCOUNT HOLDER BILLING INFORMATION

PLEASE NOTE: ➤ Attending the facility one (1) day a month will result in a bill for the entire month.

Name: _____ Primary Phone: (_____) _____ - _____

Address: _____ City, State: _____ ZIP _____

Email Address: _____ Secondary Phone: (_____) _____ - _____

EMERGENCY CONTACT INFORMATION

List a secondary contact in case of facility emergency.

Name: _____ Primary Phone: (_____) _____ - _____

Relationship to primary account holder: _____

I hereby, verify, that the above information is true and accurate to the best of my knowledge, and understand that any falsification of information can result in my aquatic center application being rejected. Date: ____ / ____ / ____

Name (SIGNED): _____ Name (PRINT): _____