



# Becker Community Center 2024 Membership Registration Form

11500 Sherburne Ave Becker, MN 55308 (763) 200-4271

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Child \_\_\_\_\_ M/F DOB \_\_\_/\_\_\_/\_\_\_

Mailing Address \_\_\_\_\_

Child \_\_\_\_\_ M/F DOB \_\_\_/\_\_\_/\_\_\_

Perm. Address \_\_\_\_\_

Child \_\_\_\_\_ M/F DOB \_\_\_/\_\_\_/\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child \_\_\_\_\_ M/F DOB \_\_\_/\_\_\_/\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Child \_\_\_\_\_ M/F DOB \_\_\_/\_\_\_/\_\_\_

Email Address \_\_\_\_\_

Child \_\_\_\_\_ M/F DOB \_\_\_/\_\_\_/\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Child \_\_\_\_\_ M/F DOB \_\_\_/\_\_\_/\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Child \_\_\_\_\_ M/F DOB \_\_\_/\_\_\_/\_\_\_

Email Address \_\_\_\_\_

### **Emergency Contact Name & Phone:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Were you referred to the BCC by a current member?**

Name: \_\_\_\_\_

Membership Categories: A **family membership** is husband and wife or significant other and their children with the same permanent address. This does include college student's home for weekends and the summer. Once a child reaches the age of 22 years, they are no longer eligible to be on the family membership. A **dual membership** is husband and wife or significant other with the same permanent address

**Seniors: 62 years and older**

**Youth: Under 18 years**

**Adults: 18 years old and older**

### **ADMINISTRATIVE FEE**    \$50.00

Upon joining, new members pay an Administrative Fee in addition to Membership dues. Members who allow their memberships to lapse will pay the Administrative Fee in full to re-activate a membership. The Administrative Fee is non-refundable.

### **ONE MONTH MEMBERSHIP**

Resident or Regular

Youth/Senior  \$80.07

Adult  \$97.30

Family  \$129.56

### **ANNUAL PASS**

### **QUARTER PASS**

	<u>Resident</u>	<u>Monthly EFT</u>	<u>Regular</u>	<u>Monthly EFT</u>
Youth	<input type="radio"/> \$217.91	<input type="radio"/> \$23.16	<input type="radio"/> \$324.00	<input type="radio"/> \$32.00
Dual	<input type="radio"/> \$450.83	<input type="radio"/> \$42.57	<input type="radio"/> \$564.83	<input type="radio"/> \$52.07
Adult	<input type="radio"/> \$354.00	<input type="radio"/> \$34.50	<input type="radio"/> \$443.00	<input type="radio"/> \$41.92
Senior	<input type="radio"/> \$217.91	<input type="radio"/> \$23.16	<input type="radio"/> \$324.00	<input type="radio"/> \$32.00
Family	<input type="radio"/> \$518.21	<input type="radio"/> \$48.18	<input type="radio"/> \$650.83	<input type="radio"/> \$59.24

	<u>Resident</u>	<u>Regular</u>
Youth	<input type="radio"/> \$ 99.04	<input type="radio"/> \$154.07
Adult	<input type="radio"/> \$209.07	<input type="radio"/> \$227.43
Senior	<input type="radio"/> \$ 99.04	<input type="radio"/> \$154.07
Family	<input type="radio"/> \$259.11	<input type="radio"/> \$325.42

Paid in Full \_\_\_\_\_ EFT \_\_\_\_\_ (information on back)

*Prices **DO NOT** include tax! Prices subject to change.*

By purchasing this pass and signing below I agree to release the Becker Community Center, City of Becker, their employees and leaders of all liability related to accidents or injuries that myself or members of my family might incur while using the facility or participating in programs and activities. Participants utilizing the facility are not covered under the Becker Community Center's or the City of Becker's medical insurance policy. We strongly urge each person to seek a physician's advice before beginning an exercise program or a program involving physical activity. The City of Becker and/or the Becker Community Center occasionally photograph activities throughout the facility with the intent to use these images for City publications and communications. We generally take group shots and take cautionary steps to minimize identifying information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \_\_\_\_\_ Type of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_

Membership Folder \_\_\_\_\_ Staff ID \_\_\_\_\_ Date \_\_\_\_\_

# Becker Community Center Monthly EFT Agreement and Information

*Please read and initial the following:*

- I authorize the Becker Community Center to initiate debit entries to my account as indicated below.
- I understand payments will be taken from this account on the 10<sup>th</sup> of each month or after/ACH will be on the 10<sup>th</sup> of each month or after.
- I authorize the Becker Community Center to resubmit any draft that is returned to my bank for any reason.
- I understand that I am fully responsible for the payments due under this agreement. In the event my bank for any reason does not honor a draft I will make payment directly to the Becker Community Center when notified of such event.
- I understand I will be charged a \$30.00 return fee if a draft is not honored.
- I understand the Becker Community Center is entitled to cancel my membership in the event monthly payments are not made by the bank or by me.
- I understand this agreement is for a minimum of 12 months. If I cannot fulfill this one- year commitment I will be charged a \$50.00 cancellation fee.
- After the initial 12-month period I understand my membership is on a month-to-month basis and does continue unless the Becker Community Center is notified in writing 30 days in advance of cancellation or change in my pass.
- I understand it is my responsibility to notify the Becker Community Center in writing if I change banks or close my account.
- I understand prices are subject to change upon notification.

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**Check one:     Begin Payment                       Change Information**

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### Consumer Authorization For Direct Payment Via ACH (ACH Debits)

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) hereby authorize Becker Community Center to electronically debit my (our) account, on or after the 10<sup>th</sup> of each month.

(and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows:

Select one:     Checking Account     Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that

ACH transactions I (we) authorize comply with all United States law and applicable law.

Depository Name (Bank or Financial Institution): \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Names(s) on the Account: \_\_\_\_\_

Amount of debit(s) or method of determining amount of debit(s): Current Monthly Membership Rate

Date(s) and/or frequency of debit(s): Monthly on the 10<sup>th</sup> of each month or after.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Becker Community Center in writing by completing the Becker Community Center Membership Cancellation Form that I (we) wish to revoke this authorization. I (we) understand that Becker Community Center requires at least 30 days prior notice in order to cancel this authorization.

Printed Name(s): \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

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I (we) hereby authorize Becker Community Center to charge the credit card below for monthly membership payments.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Becker Community Center in writing by completing the Becker Community Center Membership Cancellation Form that I (we) wish to revoke this authorization. I (we) understand that Becker Community Center requires at least 30 days prior notice in order to cancel this authorization.

**VISA**                       **MASTERCARD**                       **DISCOVER**                       **AMERICAN EXPRESS**

Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three Digit Security Code \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_