



111 Idaho Street  
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## Membership Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

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

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Age (circle one)    16-17   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 \_\_\_\_\_

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