



# 2018 Membership Application

## Family Membership

Membership fee:  
\$65.00/month (2Adults / 1 Children)  
\$70.00/month (2Adults/2 Children)  
\$75.00/month (2 Adults/3 Children)  
\$80.00/month (2 Adults/4+ Children)

~Adults must reside at same address.

Adult(First, Last): \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse(First, Last): \_\_\_\_\_  
Partner(First, Last): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Children's Names and Birth Dates  
(Children must be of this marriage, step-children, legally adopted or legal foster children of the above).

Name	Birth Date
_____	_____
_____	_____
_____	_____

Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Individual Member (18 years or over)

Membership fee: \$40.00 month (Adult & Spouse/Partner)  
\$30.00 month (Individual)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Applicants for membership must be U.S. citizens or applying for citizenship.  Citizen  Applying for citizenship  
Applicants must use automatic payments, currently with Visa, MasterCard, Discover, or American Express.

**All applications subject to approval by the Board of Directors and a child offense background check.**

By agreeing to become a member of Concordia Turners it is understood that I/We will abide by the Constitution, By-laws and such Rules and Regulations of the Society that the Board of Directors may determine.

For valuable consideration, I do hereby authorize Concordia Turners, and those acting pursuant to its authority to photograph my participation and appearance to exhibit or distribute without restrictions or limitation for any educational or promotional purpose which Concordia Turners, and those acting pursuant to its authority, deem appropriate.

The Undersigned for in consideration of the benefits received and anticipated, does fully release and discharge Concordia Gymnastic Society, Inc. (a.k.a. Concordia Turners) and their respective members, officers, agents, volunteers and employees of any and all liability for any loss or injury that I may suffer through activities and attendance at Concordia Gymnastic Society, Inc., its environs, or at any event sponsored by or attended through the association of Concordia Gymnastic Society, Inc.

**All members are required to volunteer 8 hours a year. PLEASE INITIAL \_\_\_\_\_**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_