

OQUIRRH RECREATION AND PARKS DISTRICT

(dba: Kearns Oquirrh Park Fitness Center)

MEMBERSHIP APPLICATION

Application is hereby made for membership privileges to the Kearns Oquirrh Park Fitness Center, owned and operated by Oquirrh Recreation and Parks District (the "District"). I understand that membership privileges are established through policies adopted by the Board of Trustees and I agree to abide by all present and future policies and rules and regulations of the District.

Initial One:

____ **Individual Membership**

____ **Couple Membership:** two people living in the same household.

____ **Household Membership:** 5 individuals living in the same home. Additional members are \$25 each annually. There is a \$10 fee to add members. No charge to remove. Current Proof of Residency required for all members 21 years of age or older.

Initial One:

____ **General Membership:** I live outside the boundaries of the District.

____ **Resident Membership:** I certify that I live within the boundaries of the District. I have checked the official District map and have provided to the District a copy of a current utility bill (received within the last 30 days) to verify my address.

____ **Senior Membership:** I am 55 years old or older. (for a couple membership, the co-applicant is also 55 years old or older)

____ **Business Membership:** Individuals and their household members who;

1. Work at a business, government office, or school within the boundaries of the District
2. ChamberWest members
3. Active Military, Military Reserve, and First Responders
4. Individuals covered by eligible insurance (see brochure).

The above are eligible for a \$100.00 discount off the General Household, Couple or Single membership fee. A pay stub, letter from the employer, insurance card, official ID, certification, or badge is required to verify employment status

PLEASE PRINT

	First Name	Last Name	Date of Birth	Relation to Head of House
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

If more spaces are needed, please write the additional family members on another application form.

Street Address _____ Numeric coordinates of street name _____

City, State, and Zip Code _____ Phone _____

E-mail address _____ Emergency Phone _____

Send me e-mail updates on programs and specials.

Where did you hear about KOPFC? TV Brochure Web Site Neighbor/Friend Other _____

I (and all named individuals on this application) agree to abide by the rules and regulations established by the District and understand that violations of the rules and regulations may result in restriction or revocation of my membership privileges without any refund. I further understand that misrepresentation of any information on this form may result in reduction or loss of membership privileges. If I claim residency status and it is later determined that my residence is outside the boundaries of the District, I understand I will be offered the option to continue my membership at the general membership price or cancel my membership and receive a partial refund in accordance with District policies. This membership is for a minimum term of one (1) year.

Signature _____ Date _____

----- **Office Use Only** -----

Sale Date _____ Expiration Date _____ Renewal Date _____ New Expire _____ Amount Paid _____

Proof of Res Old Sold by _____ Entered by _____ Renewed By _____ Approved by _____ / _____ 2/19
New

Head of House