

Date: \_\_\_\_\_

Parkview Fitness Center  
Membership Form

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Please Print)

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

DISTRICT RESIDENT??  Yes  No  
(Check one)

MEMBERSHIP RENEWAL??  Yes  No  
(Check one)

Phone (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

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**MEMBERSHIP FEES**

**(Check type of membership) – Paid membership available to adults 18 yrs. or older**

District Resident: Senior Citizen (65 or older) ..... \$25 per year  
(circle one) Single ..... \$50 per year  
Couple ..... \$100 per year  
Fire, Police, EMT or Veterans residing within district-\$25 per year  
Daily ..... \$5 per day

Non-resident Single ..... \$150 per year  
Couple ..... \$200 per year  
Daily Fee ..... \$5 per day

District Employee ..... No Fee

Key Fob Fee (refundable upon return) ..... \$10

Signature \_\_\_\_\_

<b>Hours</b>
<b>Monday – Friday</b> Supervised hours: 3 – 6:30 p.m. Extended hours for members: 6:30 – 10 p.m.
<b>Saturday and Sunday</b> Supervised hours: 12 – 4 p.m. Extended hours for members: 4 – 8 p.m.