

New # _____

Membership Application

Family Circle - ACM / Caregiver \$190

Family - ACM \$140

Parent-Child \$110

Grandparent-Child \$75

Multiple Visit Pass \$80

15-Visit
(individual)

5-Visit
(3 person)

I'd like to make an additional gift! \$ _____

TOTAL ENCLOSED: \$ _____

All those registered must live at the address listed below:

Parent: _____

(Please Print)

Partner: _____

Address: _____

_____ Zip _____

Your Child: _____ DOB (mm/dd/yy) _____

Your Child: _____ DOB (mm/dd/yy) _____

Your Child: _____ DOB (mm/dd/yy) _____

Phone: _____

Email: _____

Sign me up for monthly Tot-Mail e-news

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Administrative Use Only

Old # _____

New Exp. date _____

Circle all included in envelope:

10-class passes 2-class passes

2 ACM passes

paid date stamp

