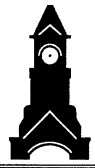




MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

# Resident Membership Application Form



MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

Two proofs of residency will be required when a new membership application is received. Ex: Utility Bills- Current Credit Card Bill, Current Insurance Card (showing address), Drivers License (if renewed within the year).

Renewals will require the reminder post card, which will be sent to your home, or 1 current proof of residency.

Please Choose One:

			<u>Rates</u>
<input type="checkbox"/>	Child	(ages 3-12)	\$50
<input type="checkbox"/>	Student	(ages 13-18)	\$75
<input type="checkbox"/>	Full-Time Student	(ages 19-23)	\$85
<input type="checkbox"/>	Adult	(ages 19-59)	\$135
<input type="checkbox"/>	Senior	(ages 60 & over)	\$45
<input type="checkbox"/>	Married Couple		\$200
<input type="checkbox"/>	*Family (up to 5 people)	(children under 19)	\$230
<input type="checkbox"/>	College Student Flex Rate	(ages 19-23)	\$10 (30 consecutive day pass)

*\* Each child after the 5<sup>th</sup> family member who is over the age of 2 must pay an additional \$20.*

Name \_\_\_\_\_ Membership # \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (H) ( ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Phone (C) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Spouse's Name (only if becoming a member) \_\_\_\_\_  
 Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Children's Names:

First Name	M	Last Name	Member #	Birthdate	Age	Sex

Please make checks payable to the *Middleburg Hts. Recreation Dept.*

Office Use Only:

Amt. Due \_\_\_\_\_ Amt. Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initial \_\_\_\_\_  
 Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Date \_\_\_\_\_



MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

# Berea School System and Middleburg Hts. Part-Time Employee Application Form



MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

Please Choose One:

<input type="checkbox"/>	Individual Full-Time Employee of the Berea School System	\$200
<input type="checkbox"/>	Full-Time Employee of the Berea School System & Spouse	\$250
<input type="checkbox"/>	Full-Time Employee of the Berea School System & **Family	\$300

**\*\* Each child after the 5<sup>th</sup> family member who is over the age of 2 must pay an additional \$25.**

<input type="checkbox"/>	Part-Time Employee of a company in Midd. Hts. (3-months only)	\$60
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***Proof of employment with a company in Middleburg Hts. or the BCSD must be presented at the time of purchase (pay stub, letter from supervisor, etc.). Employees must be a member in order for other family members to purchase a pass***

Name \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) ( ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Phone (C) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

E-Mail \_\_\_\_\_

Spouse's Name (only if becoming a member) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

Children's Names:

First Name	M	Last Name	Member #	Birthdate	Age	Sex

Please make checks payable to the *Middleburg Hts. Recreation Dept.*

Office Use Only:

Amt. Due _____	Amt. Paid \$ _____	Receipt # _____	Staff Initial _____
Check _____	Cash _____	Credit Card _____	Date _____



MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

# Business/Corporate Membership Application Form



MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

Please Choose One:

**1) Employee Pay (for a person employed by a business in the city of Midd. Hts.):**

<input type="checkbox"/>	Full-Time Student of Parent Member (19-23)	\$120
<input type="checkbox"/>	Individual Membership	\$220
<input type="checkbox"/>	Married Couple	\$270
<input type="checkbox"/>	Family Membership*	\$320

*If 5 or more employees from the same company decide to join the rates are:*

<input type="checkbox"/>	Individual Membership**	\$170
<input type="checkbox"/>	Married Couple	\$220
<input type="checkbox"/>	Family Membership***	\$270

**2) Business Pay (for a business that would like to purchase multiple, daily passes for their employees and their families. We will need a list of eligible employees/families from a company representative):**

<input type="checkbox"/>	Up to 10 employees/family members at one time	\$1,000
<input type="checkbox"/>	11-20 employees/family members at one time	\$2,000
<input type="checkbox"/>	21-50 employees/family members at one time	\$2,500

**3) Employee & Business Co-Pay (for a business that would like to share the cost of a pass with their employees and their families):**

<input type="checkbox"/>	Individual Membership	\$170
<input type="checkbox"/>	Married Couple Membership	\$220
<input type="checkbox"/>	Family Membership*	\$270

*\* Each child after the 5<sup>th</sup> family member who is over the age of 2 must pay an additional \$30.*

*\*\* Memberships must be purchased at the same time.*

*Proof of employment with a company in Middleburg Hts must be shown at the time of purchase (pay stub, letter from supervisor, etc.). Daily users will be required to sign-in on a log-in sheet and leave a driver's license at front desk while in the center.*

Name \_\_\_\_\_ Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (H) ( ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Phone (C) ( ) \_\_\_\_\_ Birthdate \_\_\_\_\_

E-Mail \_\_\_\_\_

Spouse's Name (only if becoming a member) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Children's Names:

First Name	M	Last Name	Member #	Birthdate	Age	Sex

Please make checks payable to the *Middleburg Hts. Recreation Dept.*

Amt. Due	Amt. Paid \$	Receipt #	Staff Initial
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MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

# Non-Resident Membership Application Form



MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

Please Choose One:

<input type="checkbox"/>	Individual 59 yrs. old & under	(Sept 1 <sup>st</sup> - May 31 <sup>st</sup> )	<u>Rates</u> \$30/month or \$200/9 months
<input type="checkbox"/>	Individual 60 yrs. old & above		\$20/month or \$200/yr

*The above passes are valid ONLY Monday-Friday from 6:00 am – 4:00 pm  
and excludes the 9:00 am Water Exercise Class.*

<input type="checkbox"/>	Relative Student 3-15 yrs. old (1 Month)	\$30
<input type="checkbox"/>	Relative Student 3-15 yrs. old (3 Month Summer-June 1-Aug. 31)	\$85
<input type="checkbox"/>	Relative Student 3-15 yrs. old (9 Month only)	\$125

<input type="checkbox"/>	Family Summer (June 1-Aug. 31) <b>\$25 per child after 5<sup>th</sup> member</b>	\$230
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<input type="checkbox"/>	Legacy Child (ages 3-12)	\$75
<input type="checkbox"/>	Legacy Student (ages 13-18)	\$125
<input type="checkbox"/>	Legacy Adult (ages 19-59)	\$250
<input type="checkbox"/>	Legacy Married Couple	\$325
<input type="checkbox"/>	Legacy Family (up to 5 people) <b>\$30 per child after 5<sup>th</sup> member</b>	\$400
<input type="checkbox"/>	Legacy Senior (60 & over)	\$60

I \_\_\_\_\_ do hereby attest that \_\_\_\_\_  
(current resident member's name & pass #) (name of new member)  
is my child and/or parent and qualifies for a Legacy Membership at the MHCC. I understand that any  
falsification of this application will result in my current membership being revoked.

\_\_\_\_\_  
(current resident member's signature)

\_\_\_\_\_  
(date)

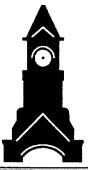
Name \_\_\_\_\_ Membership # \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (H) ( ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Phone (C) ( ) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Spouse's Name (only if becoming a member) \_\_\_\_\_  
 Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Children's names (only if becoming members):

First Name	M	Last Name	Member #	Birthdate	Age	Sex

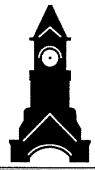
Office Use Only: Please make checks payable to the *Middleburg Hts. Recreation Dept.*

Amt. Due \_\_\_\_\_ Amt. Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initial \_\_\_\_\_  
 Check \_\_\_\_\_



MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

# Membership Application Information



MIDDLEBURG HEIGHTS  
COMMUNITY CENTER

- A “**resident**” is defined as a person whose primary domicile is within the boundaries of Middleburg Hts.
- Legacy memberships for non-residents are now available to children and/or parents of resident members! (This does not include cousins, in-laws, nieces, nephews, aunts, uncles & adult siblings of adult members).
- A “**family**” is defined as 2 directly related relatives and up to 3 children, stepchildren or foreign exchange students under the age of 19 who reside at the same domicile or 1 adult and up to 4 children. Each child after the 5<sup>th</sup> family member who is 3 yrs. old & over must pay an additional fee (see application form).
- An “**employee**” is defined as a person who is on the roster of an employer in Middleburg Hts. Full-time is considered working at least 37 ½ hours per week. Part-time is considered working anything less.
- If one person already has an employee membership, you can pay the difference and everyone in your family membership package will expire on the employee’s original date.
- Memberships are non-refundable but may be transferred to another full-time employee currently employed in the City of Middleburg Hts. or the Berea School System.
- 2 proofs of residency or employment must be shown at the time a new membership is purchased. Examples are a current utility bill, insurance card, credit card bill, car registration, drivers license (if it was renewed within the past year, rental agreement, pay stub, etc.
- Non-resident relative students must be 15 yrs. old & under, directly related to a resident member (eg. grandchild, niece, nephew) and have a parent sign the waiver form. A limit of 2 non-resident relative student memberships may be purchased per resident member.
- Children under the age of 8 must be accompanied by a responsible student age 15 at all times.
- Memberships can be paid for by personal check, debit/credit card (Visa/Master Card) or cash. All transactions must be done in person – no email, phone or mail-in will be accepted. All payments must be made in full. NO partial payments will be accepted. Memberships run for one calendar year from issuance date unless otherwise noted.
- Members may bring in up to 4 guests beginning at the following rates:

		<i>Resident</i>	<i>Non-Resident</i>
Toddlers	(ages 2 & under)	Free	Free
Child	(ages 3-12)	\$4	\$7
Student	(ages 13-18)	\$4	\$7
Adult	(ages 19-59)	\$4	\$7
Senior	(ages 60 & over)	\$3	\$6

Guests must be accompanied by a member the entire time in the community center.

- Program, class, activity & special event fees are NOT included in membership packages.
- Each non-resident membership package has a limited number available to be purchased.
- Reminders will be sent via post card when memberships are about to expire. These may be used to prove residency for those renewing. If postcard is not used, renewals will require 1 proof of residency.
- You must have a Resident or Full-Time Employee in the City of Midd. Hts. membership to sign up during early swimming registrations or to pay member rates for programs and/or room rentals!

*The Recreation Director will make the final determination concerning eligibility and refunds.*