

# **M.A.S.A. MEMBERSHIP INFORMATION FORM**

**PLEASE PRINT**

Referred by: _____
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\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Street Address

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

Phone numbers  
(Home) \_\_\_\_\_ (Work - Whose?) \_\_\_\_\_

\_\_\_\_\_  
Email Address

### **TYPE OF MEMBERSHIP/STATUS**

\_\_\_\_\_ Family \_\_\_\_\_ NEW  
\_\_\_\_\_ Adult \_\_\_\_\_ RENEW  
\_\_\_\_\_ Youth \_\_\_\_\_ RETURNEE  
\_\_\_\_\_ Rehab

### **FAMILY NAMES**

<u>Adults:</u>	<u>Birth Date</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
<u>Children:</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Youth Membership Only: _____ Parents First & Last Name  _____ Phone Number to contact Parent in case of emergency
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The following portion of this form **MUST** be completed. Estimate the percentage of time you will spend participating in the following activities during the membership year (**total 100%**):

\_\_\_\_\_ % Swim Instruction (all kinds: lessons, special classes, swim team)  
\_\_\_\_\_ % Water Fitness Classes  
\_\_\_\_\_ % Open Swim  
\_\_\_\_\_ % Lap Swim

#### Payment Options:

- 1) Cash in full
- 2) 1/3 now, 1/3 in 30 days, balance in 60 days

Cost of Membership: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

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

#### **Make checks payable to:**

**M.A.S.A., Inc.**  
P.O. Box 441  
Marathon, WI 54448

**FAIR SHARE:** I understand that the above rates are based on approximately 50% of operating costs. I elect to pay my FULL FAIR SHARE by making a tax-deductible contribution of \$ \_\_\_\_\_.

## **Membership is Non-Refundable/Non-Transferable**