M.A.S.A. MEMBERSHIP INFORMATION FORM

(Membership is Non-Refundable/Non-Transferable)

PLEASE PRINT

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone numbers

(Home) _____ (Work - Whose?) _____

Email Address _____

Youth Membership Only:

Parents First & Last Name _____

Phone Number to contact Parent in case of emergency _____

FAMILY NAMES

	Year of Birth	Sex
Adults:		
Children:		

TYPE OF MEMBERSHIP/STATUS

_____ Family _____ NEW

_____ Adult _____ RENEW

_____ Youth _____ RETURNEE

_____ Rehab

Payment Options:

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

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

Make checks payable to: **M.A.S.A., Inc.**
P.O. Box 441
Marathon, WI 54448

Cost of Membership: _____

Total Amount Enclosed: _____

Date: _____

IMPORTANT: **The following portion of this form MUST also be completed.**

Please estimate the percentage of time you will spend participating in the following activities during the membership year (to total 100%):

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

= 100% of my/our time spent at M.A.S.A.