Member Information Form

Cardholder Name #1
______________________________________________________________________________

Cardholder Name #2
______________________________________________________________________________

Street Address______________________________________________________________
______________________________________________________________________________

City__________________________________________________________State________ Zip Code______________________________
Primary Phone Number__________________________________________Alternate Phone Number__________________________
Email Address_________________________________________________________________

1. Gender
☐ Female ☐ Male

2. Please select your age range.
☐ 18-24
☐ 25-34
☐ 35-44
☐ 45-54
☐ 55-64
☐ 65+

3. Please select your highest level of education:
☐ High School
☐ Some College
☐ Associates Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctoral Degree
☐ Technical College
☐ Certification Program

4. Please select household income range.
☐ $0 - $25,000
☐ $25,000-$35,000
☐ $35,000-$45,000
☐ $45,000-$55,000
☐ $55,000-$65,000
☐ $65,000-$75,000
☐ $75,000-$85,000
☐ $85,000-$95,000
☐ $95,000-$110,000
☐ $110,000-$125,000
☐ $125,000-$150,000
☐ $150,000+
☐ Retired
☐ Full time student
☐ Unemployed

5. Please select the age range of your child(ren). Select all that apply.
☐ 0-3
☐ 4-5
☐ 6
☐ 7-12

Membership Package
☐ Renewal ☐ Trio $110 ☐ Family $175

Membership Cost
Addtional Guest _____x $25 Each
Addtional Cardholder = $25

Name___________________________________________________________

Optional Donation

Total: $_________________________

Payment Method: (select one)
☐ Cash ☐ Check # ___________________ ☐ Gift Certificate_______________________
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number____________________________________________________Exp.Date____________________

Signature______________________________________________________
Membership Correction Form
PLEASE FILL OUT FORM COMPLETELY

Cardholder Name: __________________________________________

Membership Type: ___________________ Expiration Date: ___________
Employee Name: ________________________ Today’s Date: ___________

Name Change
Reason for Change    ___Spelling Correction    ___ Name Change

Current Name(s): __________________________________________

Address Correction

Current Address: __________________________________________

Current Phone: __________________________________________
Current Email: __________________________________________

Membership Upgrade

<table>
<thead>
<tr>
<th>Type of Upgrade</th>
<th>Cost of Change</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add 3rd Cardholder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name: ________________________ | $25            |                 |

Add Additional Guests

___ x $25 each = $____________

Upgrade from Trio Package to Family Package

Cost Difference

$65

Total Received $____________

Notes
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Questions?
Call 801-456-5437 x100 or Stop by the Admissions Desk.

Cost Difference

$65

Amount Received $____________