

2022 MEMBERSHIP APPLICATION

PLEASE COMPLETE ENTIRELY						
APPLICATION DATE//						
DATE(S) OF BIRTH//	//	_				
MEMBER NAME		E	MAIL			
MEMBER NAME		E	MAIL			
ADDRESS ZIP		(CITY			
STATEZIP		_ COU	NIY			
DUONE (HOME)		(CELL)				
PHONE (HOME)	(CELL)(CELL)					
FITONE (HOME)		(CLLL)				
DO YOU RESIDE WITHIN THE CIT	Y OF ITHACA	?	□ YES	OR	□ NO	
CURRENTLY EMPLOYED BY THE CITY OF ITHACA?						
ARE YOU A NEW MEMBER?			□ YES			
ARE YOU A RETURNING MEMBER? • YES OR						
PLEASE CHOOSE MEMBERSHIP TYPES						
☐ ADULT	\$660		DOMESTI	c cou	IPLE	\$975
☐ SENIOR (62+)	\$600		RANGE PASS			\$50
,	•					•
YOUNG ADULT (18-24)	\$350		☐ CITY EMPLOYEE			\$400
,						
☐ JUNIOR (12-17)	\$50		WEEKDA	Y ONL	1	\$500
, ,						
					^	
TOTAL \$_ TO BE COMPLETED BY STAFF:						
CIRCLE PAYMENT METHOD: CASH/ CHECK/ CREDIT CARD CHECK #						
MEMBER STUB NUMBER(S)				Oi	.LOI\ # _	
PAID IN FULL? YES/ NO RECE	, EIVED BY		 DAT	Έ	TIM	1E