

2025 MEMBERSHIP APPLICATION

PLEASE COMPLETE ENTIRELY			
APPLICATION DATE//			
DATE(S) OF BIRTH//			
MEMBER NAME		EMAIL	
MEMBER NAME		EMAIL	
ADDD500		OLT) (
ADDRESS ZII		CITY	
STATEZII	٣	COUNTY	
PHONE (HOME)		(CELL)	
PHONE (HOME)		(CELL)	
THOME (HOWL)		(OLLL)	
DO YOU RESIDE WITHIN THE CI	TY OF ITHAC	A? •YES OR •	NO
CURRENTLY EMPLOYED BY THE			
ARE YOU A NEW MEMBER?	_ 0111 01 111	, to t: □ YES <u>OR</u> □	
ARE YOU A RETURNING MEMBE	:D2	∘ YES <u>OR</u> ∘	
ARE 100 A RETURNING MEMBE	-IX!	5 123 <u>01</u> 5	NO
PLEASE CHOOSE MEMBERSHIP TYPES	3		
☐ ADULT	# CCO	DOMESTIC COUPL	E #075
ADULT	\$660	DOMESTIC COUPL	E \$975
☐ SENIOR (62+)	\$600	RANGE PASS	\$50
SENIOR (62+)	\$600	A RANGE PASS	\$30
YOUNG ADULT (18-24)	\$350	☐ CITY EMPLOYEE	\$400
- 100NO ADOL1 (10-24)	φυσο	— OITT EIMI EOTEE	Ψ+00
☐ JUNIOR (12-17)	\$50	☐ WEEKDAY ONLY	\$500
	ΨΟΟ	- WEEKBALL ONE	φοσο
		TOTA	L \$
TO BE COMPLETED BY STAFF:		ODEDIT OADD	214 11
CIRCLE PAYMENT METHOD: C			JK#
MEMBER STUB NUMBER(S)			
PAID IN FULL? YES/ NO REC	EIVED BY	DATE	TIME