



# Lelia Patterson Center

## Application for Your Doorway to Lifestyle Enrichment at the Lelia Patterson Center

Please Print (*Primary person responsible for membership*)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Membership Classification: Individual \_\_\_\_\_ Couple \_\_\_\_\_ Family \_\_\_\_\_

Membership Type: General \_\_\_\_\_ Monthly \_\_\_\_\_ Corporate \_\_\_\_\_ College \_\_\_\_\_ Lifetime \_\_\_\_\_ Other \_\_\_\_\_

(Please list additional family living in your household who you are including on this membership)

**Spouse:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

**Children:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Sex M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(If you have more than two children please write additional information on the back)

**Payment Options:**

Pay in Full: Cash \_\_\_\_\_ Check \_\_\_\_\_ Mastercard / Visa \_\_\_\_\_ Corporate (specify company) \_\_\_\_\_

Pay Monthly: Bank Draft \_\_\_\_\_ Mastercard / Visa \_\_\_\_\_ Other \_\_\_\_\_ Corporate (specify company) \_\_\_\_\_

**Emergency Contact:** (*Please list one or more below*)

Name	Phone	or	Name	Phone
_____	_____	_____	_____	_____

How did you hear about the Lelia Patterson Center?

Newspaper (specify) \_\_\_\_\_ Radio/TV ad (specify) \_\_\_\_\_ Mailing (specify) \_\_\_\_\_

Walk In \_\_\_\_\_ Member Referral \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This information will not be used for any other purpose than for the Lelia Patterson Center*