

# CONCORD COMMUNITY CENTER MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:		
Date of birth:	Home:	Cell:
Current address:		
City:	State:	ZIP Code:

## SPOUSE INFORMATION IF JOINT MEMBERSHIP

*(only if for a joint membership):*

Name:		
Date of birth:	Home:	Cell:

## SIGNATURES

I verify that all information is correct and certify that I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date:

\*Annual Membership fees are \$10/ person. Make checks payable to: Concord Community Center (CCC).

\*\* Membership forms and fees can be mailed to:

Concord Community Center  
Re: Membership  
PO Box 52  
Saint Paris, OH 43072