

# NEW MEMBERSHIP REGISTRATION FORM

SINGLE MEMBERSHIP <input type="checkbox"/>			
<b>Adult</b> Ages 21-62	3 Month <input type="checkbox"/>	Annual <input type="checkbox"/>	
<b>Youth</b> Ages 0-20	3 Month <input type="checkbox"/>	Annual <input type="checkbox"/>	
<b>Senior</b> Age 62+	3 Month <input type="checkbox"/>	Annual <input type="checkbox"/>	

FAMILY MEMBERSHIP <input type="checkbox"/>	
4 PERSONS, MAXIMUM OF 2 ADULTS	
# of Adults _____	# of Youth _____

## Primary Household Member (Age 21+)

First Name _____	Last Name _____	M.I. _____	Age _____	Date of Birth _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address _____		City _____	State _____	Zip _____	
Home Phone _____	Work Phone _____	Email Address _____			

## Secondary Household Member (Age 21+)

First Name _____	Last Name _____	M.I. _____	Age _____	Date of Birth _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
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## Additional Household Members (Under 21)

First Name _____	Last Name _____	M.I. _____	Age _____	Date of Birth _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name _____	Last Name _____	M.I. _____	Age _____	Date of Birth _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name _____	Last Name _____	M.I. _____	Age _____	Date of Birth _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name _____	Last Name _____	M.I. _____	Age _____	Date of Birth _____	Male <input type="checkbox"/> Female <input type="checkbox"/>

## Windsor Community Recreation Center Waiver

By submitting this application, I hereby waive and release the Town of Windsor and its employees and agents from any and all claims, demands, suits and rights to damages arising out of injury, death or other loss sustained by any person listed above which may occur at the Windsor Community Recreation Center. I acknowledge that this waiver and release of claims is entirely voluntary, and is intended to fully and permanently give up any rights any person listed above may have to assert a claim for damages against the Town of Windsor.

The Town of Windsor reserves the right to close all or any portion of the Windsor Community Recreation Center for any reason. Fee refunds will not be issued, except in cases of extended full-facility closure.

**Signature of Account Holder:**

**Date Signed:**

\_\_\_\_\_

\_\_\_\_\_

*For Office Use Only*

Received by: \_\_\_\_\_

Date of submission: \_\_\_\_\_

Date of receipt: \_\_\_\_\_



# ACH AUTHORIZATION

## AUTO-DEBIT PAYMENT FORM

Automated Clearing House Direct Debit Authorization

ACH is a free service offered by the Town of Windsor.  
Simply fill out the form, include a voided check, and return it to us.

I hereby authorize the Town of Windsor to transfer a monthly payment of \$ \_\_\_\_\_ from my account for the payment of my monthly Recreation Center membership in the amount of \$ \_\_\_\_\_ (total membership fee).

The debit will be processed the 5th day of each month, and will begin the month following the date of purchase. If the billing date falls on a weekend or holiday, the debit will occur on the next business day following the normal payment date. I give the financial institution named below the authority to debit my account as indicated.

<b>Member Name:</b>	<b>Address:</b>		
<b>City/State/Zip Code:</b>	<b>Financial Institution Name:</b>		
<b>Transit/Routing #:</b>	<b>Account #:</b>		

Choose one:    Checking Account     Savings Accounts

### Terms of Agreement

- This ACH debit authorization is to remain in effect until all payments have been withdrawn for my annual membership.
- To assure proper processing, change of ACH information must be received in writing 30 days in advance. To change information, write to the Business Office at Town of Windsor, Community Recreation Center, 250 N. 11th Street, Windsor, CO 80550.
- Each occurrence of payment refusal will result in a minimum of \$25 processing charge in addition to the collection of the fee. Balances due must be paid in cash, cashier's check or money order within ten days of notification of payment refusal. Membership privileges will be suspended after the ten-day notification period. If debits do not clear your account for two consecutive months, your membership will be cancelled with the entire balance on your membership due. Balances must be paid with cash, cashier's check or money order.
- The Town of Windsor reserves the right to cancel this agreement at any time with a 30-day notice. Any cancellations must be made before the 25th of the month.
- Future payments will be charged to the credit card or account number we have on file, on the 5th day of each month.
- Declined payments will automatically suspend the pass(es) - prevent further use- until the monthly balance is paid in **full**. There is no pro-rated fee for balance due based upon the date of payment, regardless of the status of the pass.
- A system generated email invoice will be sent to the pass holder's account notifying them of payment required. Payment can be made at the Windsor Community Recreation Center - the suspended pass will then be automatically valid.
- Installment billing and accrual of monthly fees will continue on declined accounts until a cancellation request is received the month prior to the billing cycle. **Example:** card is declined on first month, invoice generated/pass is suspended, account charged on second month, invoice generated/pass is still suspended, cancellation request received in second month. Pass cancellation is effective on third month. Pass holder is still responsible for unpaid fees for first and second months.
- Past due balance will be sent to collections if unpaid. It is the pass holders responsibility to update their customer information (i.e. address, phone number, credit card number, expiration date) in the event of information changes.
- Cancellations **must** be in written format. They can be turned in to the Windsor Community Recreation Center or faxed to 970-674-3535, Attn: Business Office, by the 25th of the month.
- Refunds will not be issued.
- The Town of Windsor is not responsible for bank overdraft charges.
- Membership fees are subject to change with 30-day written notice.

**Signature of Account Holder:**

\_\_\_\_\_

**Date Signed:**

\_\_\_\_\_

ATTACH VOIDED CHECK HERE

### For Office Use Only

Received by: \_\_\_\_\_

Date of submission: \_\_\_\_\_

Date of receipt: \_\_\_\_\_

