



SAFARI ISLAND COMMUNITY CENTER MEMBERSHIP AGREEMENT ADDENDUM
 1600 Community Drive Waconia, MN 55387 (952) 442-0695 www.safariislandcommunitycenter.com
 A Community Center Operated by RMSC and the City of Waconia, Minnesota (the "City")

Main Contact: (First) _____ (Last) _____

Email: _____

Phone: (_____) _____ - _____ Cell Home

Address: _____ **City & State:** _____ **Zip Code:** _____

CHANGE MEMBERSHIP TYPE

From: _____ **To:** _____

Family Members (Family member must be claimed as a dependent on adult's tax return and be under the age of 23)

- I understand that it's a \$59 fee if I change my membership from annual to monthly with my first 12 months of membership of my first year.
- A 30 day written notice is required to downgrade my membership.
(Example) Changing from family to adult.

Verified employment within Waconia for Corporate Discount.

ADD	DEL	MEMBER	NAME	SEX	DATE OF BIRTH	AGE	BARCODE
✓	✓		First Last	(Circle)	(MM/DD/YYYY)		(Office Use Only)
		Spouse/S.O.		M / F	/ /		
		Dependent		M / F	/ /		
		Dependent		M / F	/ /		
		Dependent		M / F	/ /		
		Dependent		M / F	/ /		

Membership Renewal

Active Expired **Renewal Date:** _____ **Expiration Date:** _____

Membership Type: Family Adult Adult+1 Military Adult Military Family Senior/Youth

Renewal Rate: Monthly Annual

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Membership Agreement

This agreement is binding upon my spouse, significant other, heirs and assigns, and the spouses, heirs and assigns of any member listed above. With my signature, I verify I have read and agree with the Membership Terms and Conditions stated on the original agreement and the addendum with this contract.

Signature: _____ **Signature:** _____ **Date:** _____

(Members under 18 yrs. must have a parent signature)