

MEMBERSHIP REFERRAL

Please note: Existing members must be present at the time of the referral to receive their free month. Free month will be activated only after referred individual purchases a new membership and will be reflected on the following month's bill.

Household Information

Head of Household (first, middle & last)			Household ID
Street Address		City	ZIP
Home Phone	Cell Phone	Work Phone	
E-mail (please print)			

Referral Household Information

Head of Household (first, middle & last)			Household ID
Street Address		City	ZIP
Home Phone	Cell Phone	Work Phone	
E-mail (please print)			

Staff Use Only

Date of Referral Request
Date Completed
By Whom
Signature