



Gulf Park Recreation Association 2017 Membership Application

SEND YOUR COMPLETED APPLICATION AND PAYMENT TO:
Gulf Park Recreation Association, PO Box 31274, Knoxville TN 37930-1274

Family Name:	
Address:	Zip Code:
Home Phone:	Cell Phone:
Email Address:	
Emergency Contact:	

MEMBERSHIP SELECTION AND PAYMENT PLAN:

<i>Please select your membership type and payment plan.</i>	Full Payment	*OR* Payment Plan		
		Mar 15	Apr 15	May 15
<input type="radio"/> NEW! First Year Family Membership Discount	<input type="radio"/> \$290	<input type="radio"/> \$ 97	<input type="radio"/> \$ 97	<input type="radio"/> \$ 96
<input type="radio"/> Family Swim & Tennis Membership	<input type="radio"/> \$390	<input type="radio"/> \$130	<input type="radio"/> \$130	<input type="radio"/> \$130
<input type="radio"/> Two Person Pack Swim & Tennis Membership	<input type="radio"/> \$290	<input type="radio"/> \$145	<input type="radio"/> \$145	
<input type="radio"/> Individual Swim & Tennis Membership	<input type="radio"/> \$200	<input type="radio"/> \$100	<input type="radio"/> \$100	
<input type="radio"/> Tennis-Only Membership	<input type="radio"/> \$100			
<input type="checkbox"/> MAINTENANCE DONATION	<input type="radio"/> \$ 25	<input type="radio"/> We will volunteer, see below		

WHAT WOULD YOU LIKE TO HELP WITH:

We are a community where everyone pitches in to create our fun times. How would you like to help? If you are unable to participate, you can instead make a maintenance donation of \$25.

- Work Days
 Easter Egg Hunt
 Swim Team
 Family Night
 Holiday Events
 Triathlon
 Mowing/Maintenance
 Other: _____

FAMILY MEMBERSHIP INFORMATION:

Please list those in your household (including college age dependents) to include in your membership.

HOW DID YOU HEAR ABOUT US:

- Referred by _____
 Flyer at school
 Open House weekend
 Road Sign
 Social Media
 Other, please specify: _____

TERMS AND CONDITIONS:

I have reviewed the [GPRA By-laws](#) and [Rules & Policies](#) and agree to abide by the terms set forth.

Member Signature: _____

EMERGENCY TREATMENT PERMISSION:

In the event that a family member or guest (adult or child) experiences an emergency, I give the staff of GPRA permission to administer aid and arrange transport to a hospital for emergency treatment.

Member Signature: _____

For Use by GPRA Staff Only: Date received _____ Payments _____