



Water Works Membership Form

Cuyahoga Falls Parks and Recreation

Date of Application _____ **Gender** **Birthdate**
 Guardian _____
 Spouse _____

Pass Holders

1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 6) _____
 7) _____

Address _____
 City _____ State _____ Zip Code _____
 Home Phone # _____ Work Phone # _____
 E-Mail Address _____
 Emergency Contact Name _____
 Phone # _____ Relationship _____
 Membership Information:
 Type of Membership Purchased _____
 Cost of Membership \$ _____

For Office Use Only

Date entered in Rec Trac _____
 Application Complete
 Application Pending
 (Reason) : _____

 Payment Verification Cash Check # _____ Charge Gift Certificate # _____
 EFT- Checking or Savings
 Amount Paid \$ _____ Employees Name _____
 Additional Comments