



Membership Information

Membership Type (Please circle one):

Family (\$175+tax) 2 parents/3children

Grandparent (\$150+tax) 2 grandparents/3children

Single Parent (\$90+tax) 1 parent/1child

+ ____ Caregivers (\$25 each+tax)

+ ____ Additional children (\$15 each +tax)

(total with tax: _____)

Name of primary membership holder: _____

Address: _____

Phone: _____

Email: _____

2nd Adult: _____ Child 1: _____

Caregiver (\$25) _____ Child 2: _____

Caregiver (\$25) _____ Child 3: _____

Add Child (\$15) _____ Add Child (\$15) _____

By signing below, I acknowledge that I have received and agree to the CMAC Terms and Conditions information sheet.

Signature: _____ **Date:** _____

Is this membership being given as a gift? ____Yes ____No

If yes, please provide the email to which you would like the renewal reminder sent:
(If you would like the renewal sent to the member listed above, please leave blank)

Name: _____

Email: _____

_____ FOR OFFICE USE ONLY _____

EXP date: _____ Member # _____ Email/info entered: _____