



**ANNUAL MEMBERSHIP APPLICATION**  
Please Check (*The cost is per person*)

**SINGLE MEMBERSHIPS**

- Annual Resident Membership (\$20.00)\*
- Annual Non-Resident Membership (\$40.00)

**FAMILY MEMBERSHIPS**

- Resident Family Membership (\$15.00 each based on 4 people)\*\*
- Non-Resident Family Membership (\$30.00 each based on 4 people)\*\*

**RENEWAL MEMBERSHIPS**

- Resident Renewal (\$20.00)\*
- Non-Res Renewal (\$40.00)\*
- New Key Tag Needed (N/C with renewal)
- Resident Renewal Family (\$15.00)\*\*
- Non- Res Renewal Family (\$30.00)\*\*
- Lost Key Tag (\$5.00 w/ active membership)

\*EACH MEMBERSHIPS COST IS PER PERSON \*\*FAMILY MEMBERSHIPS ARE BASED ON 4 PEOPLE

Primary Parent/Guardian (1st Family Member):		Date of Birth:	Key Tag #
Address:	City:	State:	Zip:
E-mail Address:		Phone #:	

*Please list everyone who will need a Membership and include their Date of Birth*

Name 2nd Family Member:	Date of Birth:	Key Tag #
Name 3rd Family Member:	Date of Birth:	Key Tag #
Name 4th Family Member:	Date of Birth:	Key Tag #
Name 5th Family Member:	Date of Birth:	Key Tag #
Name 6th Family Member:	Date of Birth:	Key Tag #

Mail Passes: \_\_\_\_\_ Pick Up Passes: \_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_ FA: Y/N

HYCC Employee Witness Signature:

\_\_\_\_\_

Cash: \_\_\_\_\_

Check: \_\_\_\_\_

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Credit Card: \_\_\_\_\_

Exp: \_\_\_\_\_ Security #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_