



Membership Application

Palomar Community College District

In association with the City of San Marcos & Palomar Pomerado Health Systems

1140 W. Mission Road, San Marcos, CA 92069 (760) 744-1150, ext. 2838 Coordinator ext. 2839



General Information:

Last Name: _____ First: _____ Middle Initial: _____

ID # _____ FC Issued # _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (____) _____ - _____ Bus. Phone (____) _____ - _____ Birth date: ____/____/____ Sex (M/F) _____

Whom should we contact in the event of a medical emergency?

Name: _____ Relationship: _____ Phone (____) _____ - _____

MEMBERSHIP OPTIONS (payroll deduction auto deduction):

- _____ P-1: 24 Months **\$244.00**
- _____ P-2: 12 Months **\$144.00**
- _____ P-3: 6 Months **\$84.00**
- _____ P-4: 3 Months **\$64.00**
- _____ S-1: Monthly **\$20.00 + \$20.00 [for new and expired]**

FREEZING YOUR MEMBERSHIP

Memberships may be frozen for a minimum of one month. A Freeze Form must be completed. See a FC Staff member for details.

VISITORS

All residents of San Diego County receive **3 FREE** day passes per year. In addition, you may use the FC for **\$5.00** per visit.

FAMILY MEMBER DISCOUNTS are only applicable with a Paid in Full Primary member for the same period or longer.

- Family Member: _____ G-1: Family Member - 24 Months **\$216.00**
- Family Member: _____ G-2: Family Member - 12 Months **\$120.00**
- Family Member: _____ G-3: Family Member - 6 Months **\$60.00**
- Family Member: _____ G-4: Family Member - 3 Months **\$30.00**
- Family Member: _____ S-2: Family Member - 1 Month **\$15.00**

MONTHLY MEMBERSHIPS (+ 20 Administration Fee due upon signing & EACH lapse in membership)

- _____ S-1: 20.00/ Month-to-Month Membership
- _____ S-2: Family Member - \$15.00 - Month-to-Month Membership

PARKING

Parking is available to all members who are **NOT** current Palomar College faculty, staff, or students. A replacement fee will be charged for lost or stolen permits.

Applicant Signature: _____

Date: _____

**** ALL FEES ARE NON-REFUNDABLE REGARDLESS OF USAGE ****

FITNESS CENTER STAFF

Payroll Deduction: Y N

Other: _____

Parking:

Six Month: \$60.00

[Jan.-June & July -Dec.]

Monthly: \$10.00

Total: _____

Method: CASH CHECK CHARGE

Staff Member: _____

Today's Date: _____