



Employee Information

- I have an account.
- I do not have an account

First Name _____ Last Name _____

Birthdate _____ Email _____

Phone Number _____

Address _____ City _____ Zip Code _____

Card Number _____ CVV _____ Exp. Date _____

*If you have an account currently and a card on file only give us the last 4 of the card number and the expiration date. If you are not sure please supply the entire card number. Forms will be disposed of after completion.

- I need a refund for my membership, should it be active after August 31st.

Additional Family Members

Immediate family members only (3yrs+). 12-Month half priced Membership (**PAID IN FULL**).

First Name	Last Name	Birthdate	M/F	Relation to employee

I authorize the WPRD to initiate credit/debit transactions to the card above regarding the membership(s) listed above.

WPSD 7 Employee Signature _____

Date _____