

Morningside Heights Housing Corporation Fitness Facility Application

Name: _____
Name: _____
Name: _____
Name: _____

Bldg./Apt: _____ Home No.: _____
Work No.: _____ Emergency No.: _____

Annual Membership

18 – 60 years of age \$240.00 First Household Member
 \$180.00 Each additional Household
 Member

60 years of age and over \$180.00 Per Person

Key Deposit \$ 25.00 Per Person
(Lost keys will be charged at a rate of \$25 for replacement.)

Billing

Total Membership Cost (Including \$25 key deposit) \$ _____
(Key deposit is due now)

**Note: Membership is limited to the name of the applicant on this form and is
Non-Transferable.*

Key#: _____ (For office use only)

Signature: _____ Date: _____