

**BRUSHY CREEK COMMUNITY CENTER  
MEMBERSHIP AGREEMENT**

**MEMBER INFORMATION:**

**MEMB ID #** \_\_\_\_\_

Name \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Member birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female Allergies: \_\_\_\_\_

Other medical information (medic alert tag, diabetes, etc): \_\_\_\_\_

Do you want to receive information from the Community Center via E-mail?  Yes  No

Email Address: \_\_\_\_\_

<b>Emergency Contact:</b>	<b>Emergency Phone:</b>
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**Family Members (Family Membership Only):**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  M  F \_\_\_\_\_  
*NAME* *D.O.B.* *AGE* *ALLERGIES* *MEMB ID#*

Other medical information (medic alert tag, diabetes, etc): \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  M  F \_\_\_\_\_  
*NAME* *D.O.B.* *AGE* *ALLERGIES* *MEMB ID#*

Other medical information (medic alert tag, diabetes, etc): \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  M  F \_\_\_\_\_  
*NAME* *D.O.B.* *AGE* *ALLERGIES* *MEMB ID#*

Other medical information (medic alert tag, diabetes, etc): \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  M  F \_\_\_\_\_  
*NAME* *D.O.B.* *AGE* *ALLERGIES* *MEMB ID#*

Other medical information (medic alert tag, diabetes, etc): \_\_\_\_\_

## Community Center Membership Types and Payment Options

*Credit Card or Bank Account Draft Agreement Options*

Membership Type	Annual	Quarterly	Monthly	Activation Fee
		4Xs for 1st 12 months	12Xs for 1st 12 months	
Resident Senior Pass	\$5	N/A	N/A	N/A
Resident Individual	\$105	\$31 (\$124)	\$13 (\$156)	\$25
Resident Family	\$315	\$83 (\$332)	\$30 (360)	\$25
Resident District Pass Individual	\$155	\$45 (\$180)	\$16 (\$192)	\$25
Resident District Pass Family	\$410	\$118 (\$472)	\$43 (\$516)	\$25
Non-Resident Individual	\$260	\$73 (\$292)	\$26 (\$312)	\$25
Non-Resident Family	\$630	\$167 (\$668)	\$57 (\$684)	\$25
Non-Resident District Pass Individual	\$310	\$89 (\$356)	\$32 (\$384)	\$25
Non-Resident District Pass Family	\$820	\$236 (\$944)	\$85 (\$1,020)	\$25

**Type of Membership (Select from above):** \_\_\_\_\_

**Select Payment Frequency:**

\_\_\_\_\_ **Annual**

\_\_\_\_\_ **Quarterly** (Only available to members that pay by credit card or bank account draft)

\_\_\_\_\_ **Monthly** (Only available to members that pay by credit card or bank account draft)

**Selection Payment Type (Check below):**

**Credit Card (CC) Payment**

Name of CC Account Holder \_\_\_\_\_

Master Card \_\_\_\_\_ Visa \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

**Bank Account (BA) Payment**

Name of Bank: \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Routing # \_\_\_\_\_

Voided Check Attached: \_\_\_\_\_ Yes

DL# of CC/BA Holder \_\_\_\_\_

State \_\_\_\_\_

**CONTRACT TERMS :**

1. I UNDERSTAND THAT I AM SIGNING A BINDING CONTRACT WITH BRUSHY CREEK MUNICIPAL UTILITY DISTRICT THAT WILL AUTOMATICALLY RENEW ON AN ANNUAL BASIS.
2. I UNDERSTAND THAT THE MINIMUM MEMBERSHIP TERM IS 12 MONTHS, AND THIS CONTRACT MAY NOT BE CANCELLED OR TERMINATED BY A MEMBER DURING THE INITIAL 12 MONTHS. AFTER THE FIRST 12 MONTHS, THIS CONTRACT MAY BE TERMINATED WITH 30 DAYS PRIOR NOTICE.
3. IN THE EVENT I HAVE SELECTED PAYMENT BY CREDIT CARD OR BANK TRANSFER, I AUTHORIZE BRUSHY CREEK MUD TO CHARGE MY BANK/CHARGE ACCOUNT ACCORDING TO THE PAYMENT PLAN I HAVE SELECTED. I FURTHER AGREE THAT IN THE EVENT PAYMENT IS NOT HONORED BY MY CREDIT CARD COMPANY OR BANK FOR ANY REASON, I AM STILL RESPONSIBLE FOR PAYMENT PLUS A SERVICE CHARGE TO BE ASSESSED BY THE DISTRICT, IN ADDITION TO ANY SERVICE CHARGES MY BANK OR CREDIT CARD COMPANY MAY CHARGE.
4. I UNDERSTAND THAT MY MEMBERSHIP AND OTHER BRUSHY CREEK MUD PRIVILEGES ARE SUBJECT TO SUSPENSION OR TERMINATION IN THE EVENT ANY MEMBERSHIP DUES REMAIN UNPAID FOR 30 DAYS.
5. I HAVE BEEN FURNISHED A COPY OF THE MEMBERSHIP POLICIES AND CODE OF CONDUCT (A COPY OF WHICH ARE ALSO ON THE DISTRICT'S WEBSITE), AND AGREE THAT SUCH POLICIES ARE A PART OF THIS CONTRACT. I FURTHER ACKNOWLEDGE AND AGREE THAT VIOLATION OF THE POLICIES OR CODE OF CONDUCT BY ME OR A FAMILY MEMBER MAY RESULT IN THE SUSPENSION OR TERMINATION OF MEMBERSHIP PRIVILEGES, TERMINATION OF PRIVILEGES OF USE OF OTHER BRUSHY CREEK MUD FACILITIES, AND/OR CRIMINAL OR CIVIL PROSECUTION (FOR CONDUCT IN VIOLATION OF THE LAWS OF THE STATE OF TEXAS).
6. I AGREE THAT THE BOARD OF DIRECTORS OF BRUSHY CREEK MUD MAY CHANGE MEMBERSHIP POLICIES, PRIVILEGES, FEES AND DUES AT ANY TIME. ANY CHANGE IN MEMBERSHIP FEES WILL BECOME EFFECTIVE ON THE DATE OF RENEWAL OF MY MEMBERSHIP TERM.
7. I ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE OR PERSONAL INJURY CAUSED BY ME OR MY FAMILY MEMBERS.
8. I AGREE TO ASSUME SOLE RESPONSIBILITY, AND TO RELEASE AND HOLD HARMLESS BRUSHY CREEK MUD, FOR ANY PERSONAL INJURY OR LOSSES SUSTAINED BY ME OR MY FAMILY MEMBERS WHILE ON THE COMMUNITY CENTER PREMISES.
9. **I AGREE TO INDEMNIFY BRUSHY CREEK MUD, ITS DIRECTORS, EMPLOYEES, CONTRACTORS, AGENTS AND REPRESENTATIVES FOR ANY COSTS, CLAIMS, DAMAGES, DEMANDS, LOSSES AND CAUSES OF ACTION, INCLUDING REASONABLE ATTORNEYS' FEES, ARISING OUT OF OR RELATED TO MY MEMBERSHIP, INCLUDING WITHOUT LIMITATION, THOSE RELATED TO ANY PERSONAL INJURY SUSTAINED BY ME OR MY FAMILY MEMBERS WHILE PARTICIPATING IN RECREATIONAL ACTIVITIES OR UTILIZING THE BRUSHY CREEK COMMUNITY CENTER FACILITIES.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BCCC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT USE THIS BOX - OFFICE USE ONLY**

Staff Initials	_____	_____	Individual
Join Date	_____	_____	2 Individuals
Membership Cost	_____	_____	Family
Payment Amount	_____	_____	Senior ID Card
Payment Method	_____	_____	District Pass
		_____	Punch Card
		_____	Aerobics Access
_____	Resident	_____	Paid In Full
_____	Non-Resident	_____	Monthly
_____	Activation Fee	_____	Quarterly
_____	Activation Fee Waived		

<b>DO NOT USE THIS BOX</b>	
_____	
_____	
_____	
<input type="checkbox"/> BLUE	
<input type="checkbox"/> YELLOW	
<input type="checkbox"/> PINK	

