



16318 Great Oaks Drive • Round Rock, Texas 78681

Phone (512) 255-7871 • FAX (888) 843-7326
 Email: CustomerService@bcmud.org • Website: www.bcmud.org

Auto: Yes No

**MEMBERSHIP AGREEMENT
 BRUSHY CREEK COMMUNITY CENTER
 THREE MONTH CONTRACT**

Member Information

Last Name: _____ First Name: _____ M.I.: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ DOB: _____
 Email: _____ Allergies: _____ Sex: M F
 Would you like receive information from the Community Center via E-mail? Yes No

Employer Information

Name: _____ Work Phone: _____

Emergency Information

Name: _____ Phone: _____ Relation: _____
 Name: _____ Phone: _____ Relation: _____

Check Membership and Pricing Options:

3-Month Term**

Short Term

Resident Individual*	<input type="checkbox"/>	\$35		
Non-Resident Individual*	<input type="checkbox"/>	\$75		

*All New and Renewed (over thirty (30) days of expiration) Memberships require a \$25 Activation Fee
 **Short-term memberships must be paid in full at time of purchase.

Contract Terms:

- 1) I understand that I am signing a binding contract with Brushy Creek Municipal Utility District.
- 2) I understand that the membership length is for 3 months from activation date.
- 3) I understand that I cannot upgrade my membership package until the 3 months have passed from activation date.
- 4) I understand that I will not receive "credit" or "pro-rated fee" at the end of the 3 months if I wish to sign an annual contract.
- 5) This membership does not apply to receiving discounts on Rentals and Camp Foxtail.
- 6) I have been furnished a copy of the membership policies and the policies are posted on the website. I agree that such policies are a part of this contract.
- 7) 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 with 60 days notice given on the District's website. An e-mail notification will also be sent to current members who have an e-mail address on file.
- 8) I assume full responsibilities for any property damage or personal injury caused by me or my family members.

- 9) 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.
- 10) 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 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: _____

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 For Staff Use Only

Received By: _____
 Payment Amount: _____

Date: _____

Payment Type
 Cash Check _____ Credit

Fees Applied
 Resident Activation Fee
 Non-Resident Activation Fee Waived

Type of Membership
 Individual(s) Family
 Senior District
 Aerobics (3/mo term)

Verified By: _____

Date: _____

NOTE: Please populate filing information.