



MET Community Center Membership Application

Membership Rates	Individual: \$30/month	Initiation Fees	Individual: \$100
	Family (up to 5 members): \$100/month		Family: \$200
	Additional Child: \$20/month		

Please complete this form and send it with **Initiation Fees** to MET, P.O. Box 283, Portland, OR, 97207 or Fax it to: (503) 590-0201. **Once payment is received, you will be contacted to pick up your Membership Card.**

Full Name: 1) _____ D.O.B: ___/___/___ **Full Name:** 2) _____ D.O.B: ___/___/___

Full Name: 3) _____ D.O.B: ___/___/___ **Full Name:** 4) _____ D.O.B: ___/___/___

Full Name: 5) _____ D.O.B: ___/___/___ **Full Name:** 6) _____ D.O.B: ___/___/___

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address #1: _____ **Email Address #2:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Driver's License Number: _____ (Pls provide parent's ID for minors who don't have their own)

Emergency Contact: _____ **Phone #:** _____

Doctor's Name: _____ **Phone #:** _____

Medical Conditions & Allergies: _____

Use of any recreational facility and participation in any activity involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the MET Community and Educational Center, I/we, as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and all liability, claims, costs, and damages including attorney fees and costs and agree to indemnify and hold harmless the Muslim Educational Trust, its officers, directors, independent contractors, volunteers, and all employees for any illness, injury or damage to me or my children, or my family members occurring during the use of any recreational facility or the participation in any activities conducted by the MET Community and Educational Center.

I understand that if I am presently under a doctor's care that I have received his/her permission to exercise or participate in a workout program at the MET Community and Educational Center. **ALL ADULT MEMBERS MUST SIGN BEFORE USING FACILITY.**

By signing this form, I give the Muslim Educational Trust permission to list my name as a member of the Center and use my photograph in printed and web-based material. Minors will not be identified in photos by name.

Initial here if you do not wish your name to be printed _____ Initial here if you do not wish your photo to be printed _____

Membership Type: Individual Family: # of Children _____

Membership Start Date: _____

Credit Card: Visa Master Card American Express

Credit Card Number: _____ **Expiry Date:** _____ **CCV Code:** _____

I understand that membership is a monthly commitment. MET will continue to charge my credit card or bank account until I give written notice of cancellation. If I cancel my membership before the end of the month, membership fees will not be pro-rated. Membership rates are subject to change.

I accept full responsibility for the use of the MET Community and Educational Center and approve fees to be charged to my credit card due to loss or damage of equipment. I will give immediate notice to the MET Community and Educational Center of loss of my Membership Card or change of my contact information or credit card information.

Signature 1: _____ **Date:** _____ **Signature 2:** _____ **Date:** _____

STAFF USE ONLY			
Received _____	Initiation Fee Paid _____	Processed _____	Membership # _____