Community Achievement Center 4522 Flat Shoals Parkway, Decatur, GA 30034-5004

12-MONTH MEMBERSHIP APPLICATION

•	「ype: □ New / \$120 / □ 2 Pers		Person Family \$30	Date 00 / □ 4 Person Family \$400
Name				
Address City, State, Zip				
Home phone		Cell phone	E-mail	
Family Members				
Relationship _		Cell Phone		_ E-mail
Family Member	er Name(s):			
Relationship _		Cell Phone		_ E-mail
Family Member				
Relationship _		Cell Phone		_ E-mail
facilities. 3. Membership feed. 4. Management of to the enjoyment of Notice of these ch. 6. The member wi. 7. I(We) have receased have receased he center. 8. WAIVER – The Center, the memb which might arise release the Center premises of the Ce. 9. Membership in services to include and customary reroff the normal and equipment, dance.	es are non-refundable CAC may suspend or of the facilities. CAC may, from time anges will be available liable for payment eived a copy of the ruler. Member(s) acknowled er(s) hereby voluntar from the use of CAC of from all claims or liable enter. The CAC will entitle you but is not limited to ental rates on the Grand customary rental raticlasses and the weig ERSHIPS: A family is	and non-transferable, except cancel, at any time, the right, to time, change the rules, rege to members through normal not of all costs incurred by the cles and regulations at CAC, and diges and accepts the risks inherity assumes the risk of injury, assumes the risk of injury or produce of the result of the following and your family to the following and your fa	as stated in the rules are, privileges, or members ulations, times, dates, homeans of communication of the contert in the collection of the date also received a perent in the use of the Coaccident, death, loss, cober(s), his or her heirs, roperty damage of any leving: (1)The Library, Colopment Mentorship Proper amenities of the Comrvices at the CAC to inclamily members or dependent of the committee of the commi	ship of any member whose actions are detrimental nours, governing the operations of the Center.
Dated this	day of	, year	Signatur	re:
	THIS SECTION T	O BE FILLED OUT BY CO	MMUNITY ACHIEV	EMENT CENTER DIRECTOR
Complete	Pendina	Membership#	Entered in Data	abase: Date Bv

Receipt #_____Amount Check _____ Check #____ Referred by: ____

Payment Verification: Please make checks to Community Achievement Center.