



**MOUNTAIN  
HEALTH**  
**CARES**

Membership Form  
Mountain Health Community Center  
976 Sheridan Road, Campo, CA 91906  
(619) 478-2384

Thank you for your interest in Mountain Health's Mountain Empire Community Center membership. The Mountain Empire Community Center is a nonprofit entity under Mountain Health's direction that serves the entire Mountain Empire region. With your membership, you are supporting your community with valuable services including the senior nutrition program, computer and exercise classes and programs for all ages. An Emergency Food Pantry at the center feeds over 60 families per month and is the site of several other food programs that assist those in need. Private rentals are available, and your membership will allow you to receive that rental at a discounted price. In addition to your membership, donations are also accepted. We continually strive to develop more programs that will enhance rural life in East County. We appreciate your support and look forward to serving your family or organization this year.

**Hours of Operation:**

Monday through Saturday: 8:30am– 5:00pm. The community center is closed on major holidays and for special events. Community lunches are offered Wednesday through Friday at 12:00pm.

**Individual and Family Membership Includes:**

- Free Membership cards for all members.  
There is a \$5 replacement fee for lost or stolen cards.
- Use of the Community Center's main hall for meetings if available during the hours of operation. Please call ahead for availability.
- Use of the computer lab and Wi-Fi during hours of operation.
- Discounted rates on rental options.
- Discounted rates on classes with access to some free classes. Please see class specific materials for more information.
- Discounted fax and copy/printing services.  
Copies are 10¢ per page for members and 15¢ per page for non-members.  
Faxes free to member up to four pages a day and \$1 per page for non-members.

**Group Membership Options:**

**Non-profit:** Available to organizations with 501(c)(3) status.

**Corporate/Agency:** Available to corporate organizations or agencies.

**Large Corporation/Agency:** Available to corporate organizations or agencies with over 100 employees.

**Group Memberships Include:**

- Use of the Community Center's main hall for meetings if available during the hours of operation. Please call ahead for availability.
- Discounted fax and copy/printing services.  
Copies are 10¢ per page for members and 15¢ per page for non-members.  
Faxes free to member up to four pages a day and \$1 per page for non-members.
- Discounted rates on rental options.
- Group Membership benefits apply to group events and activities. Members of the group are not eligible for individual benefits including discounts classes, printing, personal rentals, or other services.



Please Select Type of Annual Membership:

<input type="checkbox"/> Individual	\$35.00	<input type="checkbox"/> Non-profit	\$150.00
<input type="checkbox"/> Senior over 60	\$30.00	<input type="checkbox"/> Corporate/Agency (Less than 100 employees)	\$250.00
<input type="checkbox"/> Family Membership: <i>Includes immediate family within 1 household</i>	\$100.00	<input type="checkbox"/> Large Corporation/Agency (Over 100 employees)	\$1,000.00

Primary Applicant or Parent

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_  Male  Female

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Email Address \_\_\_\_\_

*This membership is for my child only*

Name	Relationship	Sex	Age	Birth Date	Additional Phone Number
		M F			
		M F			
		M F			
		M F			

Agreement:

1. I understand that my participation in any available activity and use of equipment and facilities within Mountain Empire Community Center (MECC) is at my own risk. I will appropriately and safely limit my activities and those of my dependents, to take into account my/our condition. By my signature, I hereby state that I understand the risks involved in participating in any activity.
2. The undersigned recognizes that Mountain Health & Community Services, Inc. (Mountain Health) and MECC have not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, death, disability, and property damage.
3. By my signature, I hereby voluntarily surrender any right to seek reimbursement from Mountain Health & Community Services, Inc. and its directors, officers, employees, volunteers and other agents for injury sustained and liability incurred during my participation in the activity described above while such minor is at or near any Mountain Health facilities.
4. I understand the attached policies and agree to abide to their terms and conditions. Subsequent offenses may lead to loss of membership without a refund and/or removal from the community center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If under 18 years of age, must also be signed by parent/guardian*

Office Use

New Household/Group: Yes No	Amount Paid: _____	Staff Initials: _____
HH/Group #: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check	Check Number: _____