S.E. MACKEY CENTER

6534 Ford Street • Baton Rouge, LA 70811 • Tel: 225.354.0808 • Fax: 225.354.0805 • www.mackeycenter.com

Name: _____
First Middle Last

Physical Address: _____
Street City/State Zip

Billing Address (if different): _____
Street City/State Zip

Telephone Number: _____ Email Address: _____

Membership Type:

- ☐ FGUPC Youth
- ☐ FGUPC Adult
- ☐ FGUPC Senior
- ☐ FGUPC Household/Family: Number of Family Members ___
- ☐ FGUPC Student
- ☐ Community Youth
- ☐ Community Adult
- ☐ Community Senior
- ☐ Community Household/Family: Number of Family Members ___
- ☐ Community Student

Payment Preference:

- ☐ Annually by cash or check
- ☐ Semi-annually by cash or check
- ☐ Monthly by bank draft
- ☐ Monthly by credit card

Signature: _____

By signing this application, I verify that I have read the Policy Statement Regarding Member Access to the S.E. Mackey Center and agree to be bound by its terms and subsequent revisions.

Date: ____/____/____