



6534 Ford Street: Baton Rouge, LA 70811
www.mackeycenter.com

Name: _____
First M.I. Last Suffix (Jr.,etc.)

Physical Address: _____
Street City/State Zip Code

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

*Telephone Number: _____ Email Address: _____

*Please list mobile number to receive text promotions

Membership Type: (Select Member Type)

- FGUPC Member
(Check One Option Below)
- Youth (\$10)
- Adult (\$20)
- Senior(\$10)
- Family(\$40)

Number of Family Members: _____
List Names and Ages Below:

Student(\$15)

- Community Member
(Check One Option Below)
- Youth (\$15)
- Adult (\$30)
- Senior(\$15)
- Family(\$50)

Number of Family Members: _____
List Names and Ages Below:

Student(\$20)

Payment Preference:

- Annually by cash, check, or credit card
- Semi-Annually by cash, check, or credit card
- Quarterly (3-month basis) by cash, check, or credit card
- Monthly by credit card **only**

Signature: _____

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

Date: ____/____/____

Staff Approval: _____ Initials: _____ Date: ____/____/____

