



Irondequoit Recreation Fitness Membership Application & Resident Access Pass

450 Skyview Centre Parkway, Suite 200, Rochester, NY 14622
585-336-6070 recreation@irondequoit.gov

To ensure the security and accuracy of our membership system, all Resident Access and Membership Passes must be processed in-person to verify residency and capture member photos.

Residency (Please Check) ☐ **Irondequoit Resident** ☐ **Non-Resident**

Accepted Proof of Residency: Tax Receipt, Driver's License, Utility Bill, and/ or School Report Card

No Fee Access Passes (Please Check)

☐ Resident Access Pass (No Fee) ☐ Resident Teen Access Pass (Grades 7-12) (No Fee)

RESIDENT				NON-RESIDENT			
MEMBERSHIPS (RESIDENT)		COST BREAKDOWN PER MONTH		MEMBERSHIPS (NON-RESIDENT)		COST BREAKDOWN PER MONTH	
Youth (11-17yrs)		\$10		Youth (11-17 yrs.)		\$15	
Adult (18-54 yrs.)		\$15		Adult (18-54 yrs.)		\$20	
Senior (55+)		\$10		Senior (55+)		\$15	
Premium (14+)		\$45		Premium (14+)		\$55	
Military/First Responder Discount		20%		Military/First Responder Discount		20%	

SECTION 1 – PRIMARY MEMBER

APPLICANT INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER

STREET ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

SECTION 2 – SECONDARY ADULT MEMBER

APPLICANT INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER

PHONE

EMAIL



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Register Online: <https://recreation.irondequoit.gov>

SECTION 3 – ADDITIONAL DEPENDENT FAMILY MEMBERS					
APPLICANT INFORMATION					
First Name	Last Name	Date of Birth	Gender	Grade	Relation

Pass Plan Participants: Please let us know your accommodation needs, such as large print materials, physical supports, dietary restrictions, preferred pronouns, etc. Your input is crucial for us to provide a positive and comfortable experience.

SECTION 4 – EMERGENCY CONTACT	
APPLICANT INFORMATION	
FIRST NAME	LAST NAME
PHONE	RELATION

- Membership Terms and Fees**
- To replace a lost key tag, there will be a \$5 lost card fee.
 - Payments are billed automatically every month. Memberships can be cancelled by emailing: recreation@irondequoit.gov.

Member Signature
By signing below, I agree to follow all policies/ procedures and, to the best of my knowledge have provided true and accurate information.

X

Signature of Applicant

Date

For Office Use Only:

Date Entered into RecDesk: _____	Total Amount: _____	Amount Processed: _____	Payment Type: _____
Employee Setting Up Membership: _____			