



HEALTH AND HUMAN SERVICES DEPARTMENT

Pueblo de San Ildefonso
02 San I Senior Rd, Building B.
Santa Fe, NM 87502
Phone: (505) 455-4114 or (505) 455-4115



Community Wellness Center Membership Payment Form

For Cash and Check Payments Only

1. Payer Information

Full Name: _____

Phone Number: (_____) _____ - _____

Email Address: _____

Address:

- **Street:** _____
- **City:** _____ **State:** _____ **ZIP:** _____

Date of Birth: ____ / ____ / ____

Membership Type	Monthly Rate	Quantity	Member Name(s)
Youth (ages 10–18)	\$10/month	_____	_____
Adult (ages 19–49)	\$20/month	_____	_____
Senior (ages 50+)	\$10/month	_____	_____

3. Membership Plan Selection

Choose your desired billing cycle:

- ☐ **Monthly**
- ☐ **Bi-Annual (6 months)** – *(Based on monthly rate x 6)*
- ☐ **Annual (12 months)** – *(Based on monthly rate x 12)*
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4. Payment Method

We currently accept the following payment methods:

- ☐ **Cash** (in person at the accounting office)
- ☐ **Check** (payable to **San Ildefonso Pueblo**)

Payments must be submitted before the membership period begins. All payments must be made directly to the San Ildefonso Accounting Office. Please include the full name of the member you are paying for in the memo line if paying by check.

5. Payment Agreement

- ☐ I agree to pay the full amount for the selected membership plan(s) via **cash** or **check**.
 - ☐ I understand that memberships may not be **non-refundable** once activated.
 - ☐ I understand that I must renew my membership prior to expiration to maintain access to the Wellness Center.
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6. Signature & Authorization

I confirm that the above information is accurate, and I agree to the terms regarding membership fees and payment method.

Signature: _____

Date: ____ / ____ / ____
