



## MEMBERSHIP APPLICATION

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> New Annual           | <input type="checkbox"/> 3 Month New    | <input type="checkbox"/> Renewal Annual           | <input type="checkbox"/> Renewal ACH     |
| <input type="checkbox"/> New Corporate Annual | <input type="checkbox"/> One Month      | <input type="checkbox"/> Renewal Corporate Annual | <input type="checkbox"/> 3 Month Renewal |
| <input type="checkbox"/> New Employee Annual  | <input type="checkbox"/> Initiation Fee | <input type="checkbox"/> Renewal Employee Annual  | <input type="checkbox"/> 7 Day Pass      |
| <input type="checkbox"/> New ACH              |   |   |  |

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Corporation: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list all family members joining:**

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Relationship to Member: \_\_\_\_\_ Sex: M or F

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Relationship to Member: \_\_\_\_\_ Sex: M or F

4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Relationship to Member: \_\_\_\_\_ Sex: M or F

5. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Relationship to Member: \_\_\_\_\_ Sex: M or F

**I AM LIABLE FOR A 12-MONTH MEMBERSHIP**

Cancellations will only be honored based on the following criteria:

Relocation of greater than 25 miles with documentation and/or medical reason with a doctor's note.

**30 DAYS WRITTEN NOTIFICATION IS REQUIRED TO PROCESS ALL CANCELLATIONS - NO EXCEPTIONS**

**ALL 3 MONTH MEMBERSHIPS ARE PAID IN FULL AT TIME OF REGISTRATION  
NOT ELIGIBLE FOR REFUNDS, TRANSFERS OR CANCELLATIONS – DISCOUNTS DO NOT APPLY**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_