



Fitness Class Membership Registration

Date: _____

Membership Type

Monthly (EFT): _____ Quarterly: _____ Six-month: _____ Yearly: _____

Member Name: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Date of Birth: _____

Emergency Contact: _____ Phone Number: (____) _____ - _____

Email: _____

What classes are you most interested in participating?

Pilates: _____	Dynamic Yoga: _____	Kickboxing: _____
Belly Busters: _____	Power Pump: _____	FitBall: _____
Aquanatal: _____	Piyo: _____	Total Body: _____
Butt/Thigh: _____	Zumba: _____	Interval: _____
Cardio: _____	Circuit: _____	

Please write in any suggestions for future classes:
