



## Membership Registration

Date: \_\_\_\_\_

### Membership Type

Individual:            Monthly (EFT) \_\_\_\_ Quarterly \_\_\_\_ Yearly \_\_\_\_

Family:                Monthly (EFT) \_\_\_\_ Quarterly \_\_\_\_ Yearly \_\_\_\_

Pool/Wellness:      Monthly (EFT) \_\_\_\_ Quarterly \_\_\_\_ Yearly \_\_\_\_

Specialty Program:   Post-Therapy \_\_\_\_ Weight Loss \_\_\_\_ Personal Training \_\_\_\_

                                 Sports Performance \_\_\_\_ Corporate \_\_\_\_

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Member Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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Family Membership: Please list each Associate Member and Date of Birth

(Terms and Health History forms must be filled out for each Associate Member)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_