

New Member Information



NAME (Last Name, First)

FOR OFFICIAL USE ONLY

MEMBER NO.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ASSOCIATE

<input type="text"/>

BARCODE NO.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TODAY'S DATE:

LAST NAME

FIRST NAME

ADDRESS

CITY

ZIP CODE

HOME PHONE

CELL PHONE

WORK PHONE

DATE OF BIRTH

EMAIL ADDRESS

SEX:

<input type="checkbox"/>
M

<input type="checkbox"/>
F

EMERGENCY CONTACT

PHONE

IMPORTANT HEALTH ISSUES

MEMBERSHIP PLANS

OPTION 1 Month-to-Month	OPTION 2 Per-Class	OPTION 3 Value Membership
UNLIMITED (\$109/month for 30 days) <input type="checkbox"/>	10-Pack (\$109) <input type="checkbox"/> 10-Pack (\$89) <input type="checkbox"/> 5-Pack (\$59) <input type="checkbox"/>	\$29/month <input type="checkbox"/> \$49/month <input type="checkbox"/> \$69/month <input type="checkbox"/>
ADDITIONAL SERVICES		
Personal Training <input type="checkbox"/> Power Plate <input type="checkbox"/> Nutritional Analysis <input type="checkbox"/> Massage <input type="checkbox"/>		

FORMS OF PAYMENT Accepted

Visa/MC/AMEX, Debit Card, Cash

SORRY
No Personal Checks

How did you hear about us?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> PF Gym | <input type="checkbox"/> School: _____ |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Friend: _____ |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flier/Mailer | |

I HAVE COMPLETED A RELEASE & WAIVER OF LIABILITY.

For FAMILY MEMBERSHIPS, please list each child that will be attending classes with you

Name	Date of Birth

I have completed the MINOR RELEASE PORTION of the Release & Waiver of Liability.