

Fitness Worx MEMBERSHIP APPLICATION

Names of Applicants:

	Member #	First Name	Middle Initial	Last Name	D.O.B	M/F
Primary						
Spouse						
Child						
Child						
Child						

Mailing Address _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____ Place of Employment _____

Spouse Place of Employment _____

Spouse Work Phone _____ Spouse Cell Phone _____

Emergency Contact _____ Relationship _____

Emergency Phone _____ Emergency Cell Phone _____

FOR OFFICE USE ONLY

Single _____ Couple _____ Family _____ Student _____ Senior _____ Student Couple _____ Senior Couple _____

Monthly _____ Annual _____ Corporate Group (if applicable) _____

Payment Method: cash _____ check # _____ credit card _____ in the amount of: _____

Date Received: _____ Date Entered: _____ Date Card Packet Given: _____

Application Taken By: _____

Date Copy of Contract Given: _____

Start Date: _____

Amount Owed Work Area	
# days left in month	_____
rate per day	_____ x
	tax _____ +
initiation fee (if applicable) + tax	_____ +
next month (if applicable) + tax	_____ +
GRAND TOTAL	=====