

Membership Application

Lifestyle Fitness Center

Please print all information, except signature.

Personal

Name _____
(First) (MI) (Last) Today's Date _____

Address (Number, Street, and Apt. No.) _____ Date of Birth _____

City, State, Zip _____ Home Phone _____

E-mail Address _____ Cell Phone _____

Occupation _____ Work Phone _____

Employer _____

Gender Male Female Name of Emergency Contact _____ Emergency Contact Phone _____

How did you hear about us? Drive-by Friend-member Friend-non-member Interfaith Directory Cinemark
 Woodlands Villager Web site Kroger Other Mail

What are your interests? Back pain management Balance improvement Baseball training Basketball training Bike riding
 Bodybuilding Boot camp Cardio/Aerobics Flexibility improvement Football training Golf Training Marathons
 Group fitness classes Muscle gain Nutrition counseling Pilates Racquet sports training Running Spinning
 Stop smoking Stress management Swimming Triathlons Walking/Hiking Weight training Yoga
 Weight/Bodyfat reduction Other _____

Membership Information (To be completed by Lifestyle Fitness Center Staff)

Type of Membership _____

Membership Agreement Number _____

Barcode Number _____

Payment Method Checking Account Savings Account Visa Card MasterCard American Express
(Member must complete separate automatic debit/charge form)

Buddy/Family Member Information (To be completed by Lifestyle Fitness Center Staff)

List other members associated with this membership

Name	Membership Agreement Number	Barcode Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member Signature _____ Date _____