



MEMBERSHIP APPLICATION

AUGY'S FITNESS CENTER

PRIMARY PARTICIPANT (REQUIRED)

Last Name First Name MI

Birth Date Gender

Street Address

Mailing Address (If different from Street Address)

City State Zip

Home Phone E-mail

Emergency Contact Name Relationship

Emergency Contact Phone Number

SECONDARY PARTICIPANT

Last Name First Name MI

Birth Date Gender

Street Address

Mailing Address (If different from Street Address)

City State Zip

Home Phone E-mail

Emergency Contact Name Relationship

Emergency Contact Phone Number

ADDITIONAL FAMILY MEMBER DEPENDENTS

Last Name First Name MI

Birth Date Gender

Last Name First Name MI

Birth Date Gender

Last Name First Name MI

Birth Date Gender

Last Name First Name MI

Birth Date Gender

WHERE DID YOU HEAR ABOUT US

Friend (Name: _____)

Radio Ad

Newspaper

Other

ENHANCED SERVICES

Would you like information on:

YES NO Personal Training

YES NO Classes

FEES & PAYMENT

- Individual Monthly \$35
- Individual 6-Month \$180
- Individual 12-Month \$300
- 2-Person Family Monthly \$50
- 2-Person Family 6-Month \$270
- 2-Person Family 12-Month \$480

- 1 Dependent Monthly \$5
- 1 Dependent 6-Month \$30
- 1 Dependent 12-Month \$60
- 2+ Dependents Monthly \$10
- 2+ Dependents 6-Month \$60
- 2+ Dependents 12-Month \$120

Total \$

Payment (non-refundable) is due at time of registration.
Make checks payable to: Augy's Fitness Center

As a member, I/we agree to conform to and be bound by the bylaws, rules, regulations of Augy's Fitness Center as they be amended. Any changes or cancellations to membership require 30 day written notice to management.

X _____
Signature (PRIMARY) Date

X _____
Signature (SECONDARY) Date