



Member Profile: Please Print

Key # _____

First Name		Date of Birth	
Last Name		Referred By	
Sex		Join E-mail List? Yes or No	
Address		Emergency Contacts	
E-mail Address		Membership Type	
Home Phone		Duration of Membership	
Work Phone		Interested in Personal/Group Training? Yes or No	
Cell Phone		Previous Gym	

Please list any Medical Conditions:	
Please list the types of classes you would like to take: Example – Spin Class	