

This form can be printed and filled in by hand. Or complete it online, save, and email to Jdeitersuppz@gmail.com

#### **MONTHLY MEMBERSHIPS**

STUDENT (College or High School): \$33 SENIORS (60+): Single \$30 or \$45/couple MILITARY: Single \$30 or \$45/couple SINGLE: \$43 or \$35 corporate COUPLE: \$60 or \$55 corporate FAMILY: \$ 70 OR \$65 corporate

## **6 MONTH PIF MEMBERSHIPS**

SENIORS (60+): Single \$140 or \$220/couple

MILITARY: Single \$140 or \$220/couple

COUPLE: \$290

FAMILY: \$350

### **1 YEAR PIF MEMBERSHIPS**

SINGLE: \$360 COUPLE: \$550 FAMILY: \$660

SENIOR: \$270 or \$420/couple

### **1 YEAR CORPORATE MEMBERSHIPS**

SINGLE: \$340 COUPLE: \$500 FAMILY: \$600

A one	-time Key Fee of \$20 will be added t	to your first month's payment. Choose how yo	ou'd like to receive your key
	<ul><li>□ Pick up during staffed hours</li><li>□ Mail it to my address below</li><li>□ I will only use the gym during staffed hours</li></ul>	staffed hours, so I don't wish to purchase a ke	еу
All m	emberships MUST be set up with a	an automatic withdrawal from a bank accou	unt or credit card charge
	Name:	Phone:	
	Address:	City:	Zip:
	Email:		
	Membership Type*:		Key #:
		se list the name, date of birth, and phone numb le who live in the same household and are co	
OR	Credit/Debit Card:	Expiration Da	ite:/
	Bank Name:		
	Checking Routing #:	Account:	
I am i	nterested in these services:	☐ Personal Training	☐ Nutrition Coaching

To cancel any membership, please notify the gym with at least 30 days notice to process the request

# **Couple/Family Membership Information:**

Name:	Phone:		<del>-</del>	DOB:	/	_/	
Name:	Phone:		<del>-</del>	DOB:	/	_/	
Name:	Phone:			DOB:	/	_/	
Name:	Phone:			DOB:	/	_/	
Name:	Phone:			DOB:	_/_	_/	
Name:	Phone:	_	-	DOB:	/	/	