

This Membership Form Is For The Beaches Blue Devils 2016 - 2017



Fitness Centre Membership Application

Office Use Only	
Approved by:	_____
Date:	_____
New Member	____ Previous Member _____
Previous Membership #	_____
Paid by: Cash	____ Debit _____ Cheque _____ Credit _____
Amount paid:	_____
Subsidy:	____ Yes _____ No

Membership Term: Annual Four Month One Month

Membership Type: Adult (21-64) Child (0-13) Youth (14-20) Senior (65+)

Family Active Aging (55+)

*Please note that an Annual Membership is for one consecutive year. Memberships may not be cancelled or suspended unless special medical circumstances apply.

Member(s) Information (Please include all members to be covered under this membership)				
Last Name <small>(Primary Contact Person)</small>	First Name	Date of Birth <small>(mm/dd/yy)</small>	Age	M/F

Primary Contact Information				
Address				Apartment #
City		Province	Postal Code	Home Phone ()
E-mail Address				Business Phone (optional) ()
Employer				Cell Phone ()

Emergency Contact Information		
<small>(Please provide contact information in case of emergency – for minors primary contact should be a parent)</small>		
Primary Contact	Relationship	Home Phone: () Business Phone: () Cell Phone: ()
Secondary Contact	Relationship	Home Phone: () Business Phone: () Cell Phone: ()