

Iron Attic 24-hour Fitness ~ Membership Card

Today's Date: _____ Card #: _____

Name: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

Email: _____

Mobile: _____ Other Phone: _____
May we contact you via Text? YES or NO

Emergency Contact:

Name: _____ Phone: _____

Type of Membership: _____ Renewal Date: _____ (Staff fill-in)

- | | |
|--|-------|
| <input type="checkbox"/> Single Monthly - EFT contract | \$25 |
| <input type="checkbox"/> Single Monthly | \$40 |
| <input type="checkbox"/> Single Annual | \$300 |
| <input type="checkbox"/> Family Monthly - EFT contract | \$45 |
| <input type="checkbox"/> Family Monthly | \$60 |
| <input type="checkbox"/> Family Annual | \$500 |
| <input type="checkbox"/> College Annual (ID req') | \$160 |
| <input type="checkbox"/> Discount: _____ | |

Employer: _____

Phone: _____

Do you receive insurance benefits for having a gym membership?

YES or NO

Do you need a receipt?

YES or NO (Preferred delivery of receipt? ☐MAIL or ☐EMAIL)

Fill out for Family Membership: _____ Card #: _____

Name: _____

DOB: ____/____/____ Relationship: _____

Phone: _____
May we contact you via Text? YES or NO

Fill out for Family Membership: _____ Card #: _____

Name: _____

DOB: ____/____/____ Relationship: _____

Phone: _____
May we contact you via Text? YES or NO

Fill out for Family Membership: _____ Card #: _____

Name: _____

DOB: ____/____/____ Relationship: _____

Phone: _____
May we contact you via Text? YES or NO