

Iron Attic 24-hour Fitness ~ Membership Card

Today's Date: _____

(Staff fill-in) Card #: _____

Name: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

Email: _____

Mobile: _____

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 (6) Six Months | \$50 |
| <input type="checkbox"/> | Single (12) Twelve Months | \$45 |
| <input type="checkbox"/> | Single (24) Twenty-Four Months | \$35 |
| <input type="checkbox"/> | Family (6) Six Months | \$75 |
| <input type="checkbox"/> | Family (12) Twelve Months | \$70 |
| <input type="checkbox"/> | Family (24) Twenty-Four Months | \$65 |
| <input type="checkbox"/> | College (ID req) SUMMER \$220 / ANNUAL \$320 | |
| <input type="checkbox"/> | Other: _____ | |
| <input type="checkbox"/> | Discount: _____ | |

THIS INFO IS ONLY NEEDED IF YOU RECEIVE INSURANCE BENEFITS THROUGH YOUR EMPLOYER

Employer: _____

Employer Phone: _____

Do you need a receipt?

YES or NO Preferred delivery of receipt? MAIL or EMAIL

PAYMENT UPON SIGNUP: (Staff fill-in)

\$ _____ Cash Check # _____ Debit/CC EFT

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Do you need a receipt?

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

PAYMENT UPON SIGNUP: (Staff fill-in)

\$ _____ Cash Check # _____ Debit/CC EFT

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

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Name: _____

DOB: ____/____/____ Relationship: _____

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Name: _____

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