BIGFORK FITNESS CENTER REGISTRATION FORM

	S CENTER REG	ISTRATION FORM	
MEMBER INFORMATION:			
Member's Full Name			19
	Gender: M	ale Female NA	
Date of Birth			
Address, City, State, Zip			_
Email Address			_
Home Phone Number	Cell Ph	one Number	_
If purchasing a family mem	pership, list all me	embers of your immediate	e family and age:
Who to contact in case of	an emergency:		
Emergency Contact Name		Emergency Contact's Ph	one Number
COMPLETED BY ISD 318	STAFF AT REGIS	STRATION	
Member Signed Waiver	of Liability		
Membership:			
Individual - Paid \$25	on	(Date Paid)	
Family - Paid \$45 or	ı	(Date Paid)	
Payment Agreement:		_	
Monthly with:	Check #	Credit Card O	nline Auto Payment
Six Months:	Individual \$150	Family \$270	Check #
One Year:	Individual \$300	Family \$540	Check #