



Fitness Membership Application or Renewal Form

Last Name _____

First Name _____

Date of Birth (YYYY/MM/DD) _____

Address _____

Phone Home _____

Cell _____

Email _____

Emergency Contact: _____

Name and Phone _____

I hereby agree to enter into the following contract:

	adult	Senior (over 60 y.o.)	Student (proof required)	Family (2 adults + 2 kids up to 16 in the same household, proof required)
1 month	<input type="radio"/> CAD 41+tax	<input type="radio"/> CAD 33+tax	<input type="radio"/> CAD 33+tax	<input type="radio"/> CAD 90+tax
3 months	<input type="radio"/> CAD 115+tax	<input type="radio"/> CAD 95+tax	<input type="radio"/> CAD 95+tax	<input type="radio"/> CAD 260+tax
12 months	<input type="radio"/> CAD 449+tax	<input type="radio"/> CAD 369+tax	<input type="radio"/> CAD 369+tax	<input type="radio"/> CAD 1029+tax
Joining fee	<input type="radio"/> CAD 49+tax	<input type="radio"/> CAD 49+tax	<input type="radio"/> CAD 49+tax	<input type="radio"/> CAD 49+tax

Special offer: For all contracts signed by 2021-03-31, the joining fee is waived, and there is one free month with a 12-months-contract.

Date

Signature Patron

Signature Staff