

# TWO PEAKS FITNESS

Please help us keep our membership records updated by providing the following information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

What days and hours are you most likely to work out?

\_\_\_\_\_

## Membership type:

INDIVIDUAL \_\_\_\_\_ STUDENT \_\_\_\_\_ COUPLE \_\_\_\_\_ SENIOR \_\_\_\_\_ SILVERSNEAKERS \_\_\_\_\_

FAMILY \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

DAILY \_\_\_\_\_ MONTHLY \_\_\_\_\_ ANNUAL \_\_\_\_\_

OFFICE USE ONLY	
Excel:	___
Door code:	___
QB setup:	___
QB invoice:	___

Door code: \_\_\_\_\_

This institution is an equal opportunity provider and employer.