

875 West End Fitness Center Membership Application Form

(please print clearly)

Apartment Number: _____

Tenant/Shareholder (*circle one*)

Membership valid from _____ to May 1, 200_

Primary Member:

Full Name: _____

Security Key #: _____

Home phone #: _____

Email address: _____

Emergency Contact:

Name

Relation

Phone #

Secondary Member:

Full Name: _____

Security Key #: _____

Home phone #: _____

Email address: _____

Emergency Contact:

Name

Relation

Phone #

Secondary Member:

Full Name: _____

Security Key #: _____

Home phone #: _____

Email address: _____

Emergency Contact:

Name

Relation

Phone #

Secondary Member:

Full Name: _____

Security Key #: _____

Home phone #: _____

Email address: _____

Emergency Contact:

Name

Relation

Phone #

875 West End Fitness Center Membership Receipt

(Please retain for your records)

Apartment Number: _____

Amount Paid: _____

Primary Member's Name:

List All Secondary Members:

Membership valid from _____ to May 1, 200_

Checks are payable to the 875 W.E.Apartment Corporation-NO CASH PLEASE