

MEMBERSHIP APPLICATION

LAKE BENTON SCHOOL FITNESS CENTER

Member Information:

Name: _____ Email Address: _____

Mailing Address: _____

Work Telephone: _____ Home Telephone: _____

Emergency Contact:

Name: _____ Contact Number: _____

Membership Type:

Single <input type="checkbox"/>	Family <input type="checkbox"/>
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Monthly <input type="checkbox"/>	6-month <input type="checkbox"/>
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Total Payment Received: \$ _____ Date: _____

Single

- Monthly - \$25
- 6-Month - \$125

Family

- Monthly - \$40
- 6-Month - \$200

Refunds will not be given for any reason.

Admin. Only – FEY FOB NUMBER _____