



INMAN WELLNESS CENTER FITNESS CENTER MEMBERSHIP APPLICATION

OFFICE USE ONLY

DATE RECEIVED: _____

Membership Application

Release and assumption of Risk

Policy Acknowledgement & Release

Health History Form

Please fill out each blank completely, printing clearly in blue or black in. (No pencil)
Other forms, including a health survey for each person, signed waivers, and signed policies page are also required.

SECTION 1 (For All Memberships)				
Primary Member's Name:		Date of Birth: / /		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:		Mailing Address (if different):		
City:	State:	Zip:	City:	State: Zip:
Home Phone: ()		Alt Phone (work/cell): ()		
Email:			(Office use only) Member #: Key #: Barcode #:	
Emergency Contact Name:		Phone: ()		Relationship:
SECTION 2 (For Family Memberships Only)				
Spouse's Full Name:		Date of Birth: / /		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Phone: ()		(Office use only) Member #: Key #: Barcode #:		
Dependent children 18 and under or full time college students up to 22 years. No children under 7 th grader are permitted in the cardio or strength training areas at any time.				
Full Legal Name:	Date of Birth:	Gender:	School Attending:	(For office use only) Key # Barcode Member #
1.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /
2.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /
3.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /
4.	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /
SECTION 3 (For all Memberships)				
Membership Options: Student Membership (one student only K-12 grade) <input type="checkbox"/> One month: \$16 <input type="checkbox"/> Semi Annual (6 months): \$96 <input type="checkbox"/> ACH (1 st or 15 th of month): \$12 (year contract) <input type="checkbox"/> Annual (12 months): \$132* Senior Membership (one senior only 60+) <input type="checkbox"/> One month: \$18 <input type="checkbox"/> Semi Annual (6 months): \$108 <input type="checkbox"/> ACH (1 st or 15 th of month): \$14 (year contract) <input type="checkbox"/> Annual (12 months): \$154* Individual Membership (one person only) <input type="checkbox"/> One month: \$26 <input type="checkbox"/> Semi Annual (6 months): \$156 <input type="checkbox"/> ACH (1 st or 15 th of month): \$22 (year contract) <input type="checkbox"/> Annual (12 months): \$242* Family Membership: <input type="checkbox"/> One month: \$39 <input type="checkbox"/> Semi Annual (6 months): \$234 <input type="checkbox"/> ACH (1 st or 15 th of month): \$35 (year contract) <input type="checkbox"/> Annual (12 months): \$385* *Annual memberships reflect 12 month FREE		NOTES for account: Keycard: \$20 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have paid cash <input type="checkbox"/> I have paid with a check made payable to IRC # _____ <input type="checkbox"/> Please charge my credit card (circle one): Visa Mastercard <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exp. Date: _____ Total Charge: \$ _____ Signature _____		Membership/Class subtotal: \$ _____ Initiation Fee: \$25 _____ Wave initiation Fee: \$- _____ Why waiver: <input type="checkbox"/> Discount Card <input type="checkbox"/> Previous member in past year Keycard: _____ Total: \$ _____
		OFFICE USE ONLY		
		Payment Amount: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD CARD LAST 4 DIGITS: _____		