

CHAPPLE FITNESS CENTRE

YEAR _____ MEMBERSHIP NO: _____

CARD NO _____

DATE PURCHASED _____

NAME _____

ADDRESS _____

PHONE NO: _____

EMERGENCY CONTACT AND PHONE NO: -

AGE _____ PHYSICAL CONDITION _____

PARENTS SIGNATURE REQUIRED IF BETWEEN THE AGES OF 16 TO 17.

APPLICANT'S SIGNATURE-

PARENTS SIGNATURE (IF REQUIRED) -

MEMBERSHIP FEES

\$40.00 Per Person – 1 Month Membership

\$60.00 Per Person – 6 Month Membership

\$100.00 Per Person – 1 Year Membership

\$150.00 For Family – 1 Year (family members must live in the same household, be a spouse of cardholder or child of cardholder that is between 16 and 19 years of age)

PLUS \$20.00 FOR ACCESS CARD.

PLEASE LIST FAMILY MEMBERS AND AGE:

_____ AGE

_____ AGE

_____ AGE

_____ AGE

_____ AGE

NOTE: Only members can use the fitness centre. Any member(s) who gives out the codes or allows Non-member (s) into this facility will lose their membership.

Municipal Office: 487-2354