



MEMBERSHIP APPLICATION

1400 Foundry Street
 St. Charles, IL 60174
 Phone 630.762.1200
 Fax 630.762.1230
 www.athletico.com

MEMBER INFORMATION:			IN AN EMERGENCY, PLEASE NOTIFY:		
FIRST NAME	MIDDLE INITIAL	LAST NAME	NAME	RELATIONSHIP	
DATE OF BIRTH		SEX	ADDRESS		
HOME ADDRESS/APARTMENT NUMBER			CITY	STATE	ZIP
CITY	STATE	ZIP	TELEPHONE		
HOME TELEPHONE	HOME EMAIL ADDRESS		HAVE YOU EVER BEEN A MEMBER AT ATHLETICO? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TYPE OF MEMBERSHIP:

INDIVIDUAL TEEN ADD-ON Student Summer

PERSONAL TRAINING/SPORTS ENHANCEMENT:

INDIVIDUAL SESSION \$50 ACL PREVENTION MASSAGE

Authorization for Automatic Monthly Dues Payments

I hereby authorize Athletico or its agent to charge my credit/debit card each month for payment of monthly dues and all other Fitness Center charges. I understand that it is my responsibility to make sure that the credit/debit card number listed is current and valid. If, for any reason, the monthly dues charge and all other Fitness Center charges are not accepted by the Credit Card Company or bank, I understand that a \$25 service charge will be added to my bill and that I am responsible for payment. This service charge may change from time to time with notice.

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Account # _____ Expiration Date _____ EFT Start Date _____ Name as it appears on credit card _____ Signature _____	T-SHIRT _____ (SIZE) (DATE GIVEN) COPY OF RULES _____ (STAFF INITIALS) (DATE)
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