



CENTER FOR STRENGTH

MEMBERSHIP FORM

- New Member (Fill in Sections 1, 2, 3 & 4)
- Renewing Member (Fill in Sections 1, 3 & 4)

1. MEMBERSHIP INFORMATION

Membership Start Date: ___/___/___ Expiry Date: ___/___/___
 First Name: _____ Last Name: _____

Membership Type: Group Sports PT One-on-one Training Adult Group PT
 Membership Category: Single Couple Family High School Athlete
 Membership Term: Monthly Long Term

2. MEMBER INFORMATION (Renewing members complete if information has changed)

Sex: Male Female D.O.B.: ___/___/___ Age: _____
 Address _____
 City: _____ Zip Code: _____
 Phone: (H): _____ (W): _____ (Mobile): _____
 Email: _____
 Emergency Contact Name: _____
 Emergency Contact Phone: _____

3. MEMBERS PAYMENT INFORMATION

_____ **Basic Membership • \$180 per month** ▶ _____ \$135 each additional persons (25% off) ▶

_____ **3 Month Basic Membership • \$486 (10% Off)** ▶ _____ additional \$415 for each person(15% off) ▶
 All of the benefits of our Basic Membership with a 3-month commitment.

_____ **6 Month Basic Membership • \$918 (15% off)** ▶ _____ additional \$780 for each person (15% off) ▶
 All of the benefits of our Customized Membership with only a 6-month commitment.

All first time One-Month Memberships: \$240 for first month (includes assessment, education, 2 private sessions and first month membership).

This membership is recommended if you do not have any special circumstances such as injuries or limitations which require you have a specific program designed for you.

Pay by Check is optional for long term memberships only.

4. PAYMENT METHOD

Visa Mastercard Check Cash

Name on Card: _____ Card #: _____
 Exp.: _____ Code: _____
 All charges on your credit card statement will appear as "Raw Center for Strength". Withdrawal date will be on the 1st or 15th of each month.