

Membership Application

First Name	Middle	Last	Date of Birth
Billing Address		City	State
Phone Number		Email Address	

*List all family members included in this membership. Please **PRINT**.*

<i>Name of Add-On</i>	<i>Phone Number</i>	<i>Date of Birth</i>	<i>Male/Female</i>	<i>Key Fob</i>

IN CASE OF AN EMERGENCY, PLEASE LIST AN EMERGENCY CONTACT PERSON:

Emergency Contact	Phone Number
-------------------	--------------

Upon acceptance of this application by Paul Oliver Memorial Hospital/ Betsie Hosick Health and Fitness Center, I hereby agree to and accept the terms and conditions of the Membership agreement. The undersigned shall receive the Terms and Conditions of Membership, and agrees to abide by all rules and policies of BHHFC which are subject to change. I take full responsibility for my own welfare and will not hold POMH/BHHFC responsible. I acknowledge to the best of my ability that I am in good health and have no known medical problems that would restrict my ability to participate in exercising.

Applicant Signature	Date
---------------------	------

STAFF USE ONLY:

<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Type</u></th> <th style="text-align: left;"><u>Length</u></th> <th style="text-align: left;"><u>Subgroup</u></th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>Annual</td> <td>Corporate</td> </tr> <tr> <td>Senior</td> <td>6 Month</td> <td>Munson</td> </tr> <tr> <td>Student</td> <td>3 Month</td> <td>POMH</td> </tr> <tr> <td>Couple</td> <td>1 Month</td> <td>Priority Health</td> </tr> <tr> <td>Senior Couple</td> <td>Punch Card</td> <td>Prime/SS</td> </tr> <tr> <td>Family</td> <td>Class Punch Card</td> <td>S&F/A&F</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">Main Member Key Fob Number: _____</td> <td>PT Extension</td> </tr> </tbody> </table>	<u>Type</u>	<u>Length</u>	<u>Subgroup</u>	Individual	Annual	Corporate	Senior	6 Month	Munson	Student	3 Month	POMH	Couple	1 Month	Priority Health	Senior Couple	Punch Card	Prime/SS	Family	Class Punch Card	S&F/A&F	Main Member Key Fob Number: _____		PT Extension	<table border="0" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Form of Payment:</th> </tr> <tr> <td style="padding: 2px;">Cash</td> <td style="padding: 2px;">Check</td> </tr> <tr> <td style="padding: 2px;">Credit Card</td> <td style="padding: 2px;">Gift Certificate</td> </tr> <tr> <td style="padding: 2px;">PT Extension</td> <td></td> </tr> </table> <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">PT Discharge Date</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table> <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Service Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Membership Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Amount</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="margin-top: 5px;">*NOTES: _____</p> <p>_____</p> <p>_____</p>	Form of Payment:		Cash	Check	Credit Card	Gift Certificate	PT Extension		PT Discharge Date	_____	Service Fee	\$ _____	Membership Fee	\$ _____	Total Amount	\$ _____
<u>Type</u>	<u>Length</u>	<u>Subgroup</u>																																							
Individual	Annual	Corporate																																							
Senior	6 Month	Munson																																							
Student	3 Month	POMH																																							
Couple	1 Month	Priority Health																																							
Senior Couple	Punch Card	Prime/SS																																							
Family	Class Punch Card	S&F/A&F																																							
Main Member Key Fob Number: _____		PT Extension																																							
Form of Payment:																																									
Cash	Check																																								
Credit Card	Gift Certificate																																								
PT Extension																																									
PT Discharge Date	_____																																								
Service Fee	\$ _____																																								
Membership Fee	\$ _____																																								
Total Amount	\$ _____																																								