

CARTHAGE FAMILY FITNESS MEMBERSHIP

For CFF Use Only: CFF #: _____
Check #: _____ Payment Date: _____

Application Date: _____

Name: _____ Gender: _____ D.O.B.: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Emergency Contact Name: _____ Phone #: _____

Membership Type: Youth/H.S. Adult (18-24) Adult (25+) Family One-parent Family Sr. (62+) Single Sr. (62+) Couple

List spouse and children within any Family Membership:

- 1 _____ D.O.B.: _____
- 2 _____ D.O.B.: _____
- 3 _____ D.O.B.: _____
- 4 _____ D.O.B.: _____
- 5 _____ D.O.B.: _____
- 6 _____ D.O.B.: _____

Payment: Day Pass Monthly Bank Draft Quarterly Semi-Annually Annually Corporate

Comments/Special Needs/Etc.: _____

