

# Standard Club Membership Enrollment Form

Please print and fill out this enrollment form to register for your club membership.

## Personal Information

First Name:

Last Name:

Date of Birth (DD/MM/YYYY):

Gender:

Street Address:

City:

State / Province:

Postal / ZIP Code:

Phone Number:

Email Address:

## Membership Options

Membership Tier (Standard, Premium, or VIP):

Membership Duration (1 Month, 6 Months, or 1 Year):

Preferred Start Date (DD/MM/YYYY):

## Emergency Contact Information

Emergency Contact Full Name:

Relationship to Member:

Emergency Contact Phone Number:

## Acknowledgment & Signature

By signing below, I agree to the terms of the Standard Club Membership Agreement.

Applicant Signature:

Date Signed (DD/MM/YYYY):