



FITNESS CENTER MEMBERSHIP APPLICATION

Please check the location you will be joining:

| | | |
|---|---|--|
| <input type="checkbox"/> ProHealth Fitness Center 166 Mobile Infirmary Blvd. Mobile, AL 36607 Phone: 251-435-2010 Fax: 251-435-3084 | <input type="checkbox"/> Thomas Fitness Center 212 Hospital Drive, Suite A Fairhope, AL 36532 Phone: 251-279-1684 Fax: 251-279-1698 | <input type="checkbox"/> North Baldwin Fitness Center 2115 Hand Ave. Bay Minette, AL 36507 Phone: 251-937-9099 Fax: 251-937-2821 |
|---|---|--|

NAME: _____ DATE: _____

DATE OF BIRTH: ____/____/____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

FORMER MEMBER: Yes No

IF EMPLOYEE OF INFIRMARY HEALTH:
FULL TIME PART TIME FLEX E-NUMBER _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

MEMBER SIGNATURE: _____ DATE: _____

PARENTAL SIGNATURE (If under age 19) _____ DATE: _____

.....

FOR OFFICE USE ONLY:

MEMBERSHIP NUMBER: _____ MEMBERSHIP TYPE: _____

RECEIVED BY: _____ DATE: _____