

**MEMBERSHIP REGISTRATION FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Gender: Male Female (Please Circle One)

Marital Status: \_\_\_\_\_ Anniversary: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ AM PM

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone: (\_\_\_\_) \_\_\_\_\_ Date of Last Physical: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Food Allergies: Yes No If Yes, Please Explain: \_\_\_\_\_

Membership Type:

- Individual Membership
- Couple Membership
- Family Membership

Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How did you hear about Sole 2 Soul? \_\_\_\_\_

Would you be interested in exercise classes? Yes No Maybe (Please Circle One)

If so, what types?    Beginner Cardio    Intermediate Cardio    Advanced Cardio

                                 Zumba Dance    Pilates    Spinner Bikes

                                 Yoga    Stretch-Weights    Other \_\_\_\_\_

If yes, what days and times? \_\_\_\_\_