

***YOUR TIME FITNESS 247***  
**Membership Form**

**Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Referred to us by: Person \_\_\_\_\_ Radio \_\_\_\_\_  
Newspaper \_\_\_\_\_ Signage \_\_\_\_\_ Website \_\_\_\_\_

Emergency contact \_\_\_\_\_

Membership Start Date/Exp. Date  
\_\_\_\_\_

Assigned Card Number  
\_\_\_\_\_

How Membership is to be paid: Monthly, 6 m., 12 m. cash, check, ACH

Checking Routing number \_\_\_\_\_ Acct.: \_\_\_\_\_

Bank \_\_\_\_\_

Driver's License number \_\_\_\_\_

**Other Members on Membership**

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

Member Name Printed \_\_\_\_\_

\_\_\_\_\_  
Member Signature/Date

\_\_\_\_\_  
Management Signature/Date