

Complete Physique Anytime
173 N. 1ST Street
Kalama, WA 98625



OFFICE USE ONLY	
Fee Collected:	_____
Cash _____	Check # _____
For Month(s):	_____
Key Fob #:	_____

ACCESS MEMBER REGISTRATION FORM

Name (First & Last)

Date of Birth

Email Address

Phone # (texting ok? Y N)

Mailing Address

City, State, Zip

Emergency Contact Name & Relation

Emergency Contact Phone #

I am signing up as:

- On-Ramp Access Gym Renew Active (Optum) Silver & Fit Silver Sneakers

Ins. ID# _____ (if applicable)

I agree to pay my membership fees via:

Monthly Automatic Withdrawal:

I am enclosing a check with my bank account and routing number on it for my first month (\$35) plus registration fee and prorated fees for the current month (\$1 per day). I am attaching the ACH Debit Authorization Form. I will expect my membership fees to automatically withdraw from this checking account each month on or near the 5th of the month.

What prompted you to join Complete Physique Anytime? (eg: friend, family, convenience to home or work, advertisement, etc.)

I have read and understand the "Membership Policies and Membership Guidelines" of Complete Physique Anytime. I agree to adhere to these guidelines in my membership and use of their facility. I acknowledge that failing to do so may result in deactivation of my key and any applicable fees as defined therein. I hereby authorize Complete Physique Anytime to bill me quarterly or collect auto withdrawal monthly as indicated above. I have reviewed the cancellation policy and understand that I will be charged if I do not take action accordingly.

Member Signature

Date Member Name (please print)