

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:

☐ 14-day Automatic Withdrawal:

I am enclosing a check with my bank account and routing number on it for my first month (\$40) plus registration fee, prorated fees for the current month (\$1.30 per day) and tax. I am attaching the ACH Debit Authorization Form. I will expect my membership fees to automatically withdraw from this checking account every other Friday of each 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 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.

Membership Signature

Date

Member Name (please print)

