

Access Code: _____ - _____

Fit as a Fiddle
Membership Application and Agreement

Lic # HS8558

110 Goodmorning Street Port Saint Joe Florida, 32456

DAY PASS TYPE: 1day 3day 5day other: _____

Membership Type: _____ Date: _____

Member Name: (First) _____ (Last) _____

Mailing Address: (Street) _____

(City) _____

(State) _____ (Zip) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

For Family and Couple Memberships, please list the names of all individuals on the membership:

- 1. _____ 2. _____
- 3. _____ 4. _____

Membership OR day pass Start Date: _____

Membership OR day pass End Date: _____

____ Pay month to month

____ Paid in Full at Sign Up

Payment Type: Cash _____ Card _____ Check _____

Credit Card #: _____

Exp Date: _____ Zip: _____ CVV/Sec _____

****IT IS THE MEMBER'S RESPONSIBILITY TO INFORM US OF CREDIT CARD, BILLING, OR MEMBERSHIP STATUS CHANGES.**** _____ (INITIAL, PLEASE)

***** THERE IS A 4% FEE FOR CREDIT CARD USE **** _____ (INITIAL, PLEASE)

Registration Fee **\$25.00**

Membership Fee \$ _____

Total Amount Paid \$ _____

Member Signature: _____

Notes: _____
