



Member # JGYM \_\_\_\_\_

## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: ( ) F ( ) M

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

START DATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

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\_\_\_ 12 MONTH MEMBERSHIP PACKAGE:

**\$200 UNLIMITED VISITS**

**2<sup>ND</sup> CHILD \$175**

**3<sup>RD</sup> & EACH ADDITIONAL CHILD \$150**

**\$20.00 DISCOUNT ON ANY PARTY PACKAGE**

**10% DISCOUNT OFF CAFÉ PURCHASES**

\_\_\_ 6 MONTH MEMBERSHIP PACKAGE:

**\$100 UNLIMITED VISITS**

**2<sup>ND</sup> CHILD \$85**

**3<sup>RD</sup> & EACH ADDITIONAL CHILD \$75**

**\$15.00 DISCOUNT ON ANY PARTY PACKAGE**

**10% DISCOUNT OFF CAFÉ PURCHASES**

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PAYMENT MADE BY:

CASH: ( ) CHECK: ( ) M/C ( ) VISA: ( )

CREDIT CARD NO.: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_