



**Please check the location you will be joining:**

<input type="checkbox"/> ProHealth Fitness Center 166 Mobile Infirmary Blvd. Mobile, AL 36607 Phone: 251-435-2010 Fax: 251-435-3084	<input type="checkbox"/> Thomas Fitness Center 212 Hospital Drive, Suite A Fairhope, AL 36532 Phone: 251-279-1684 Fax: 251-279-1698	<input type="checkbox"/> North Baldwin Fitness Center 2115 Hand Ave. Bay Minette, AL 36507 Phone: 251-937-9099 Fax: 251-937-2821
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### Membership Application

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

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

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

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

FORMER MEMBER:  Yes  No

IF EMPLOYEE OF INFIRMARY HEALTH:  
FULL TIME  PART TIME  FLEX  E-NUMBER \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTAL SIGNATURE (If under age 19) \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

MEMBERSHIP NUMBER: \_\_\_\_\_ MEMBERSHIP TYPE: \_\_\_\_\_

ENROLLMENT FEE:  YES  NO COMMENTS: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_