

FACILITY MEMBERSHIP APPLICATION

THE TABERNACLE OF GLORY FITNESS CENTER

945 South Douglas Avenue • Nashville, TN 37204 • Phone: 615.297.4562

| | | | | | |
|---|--------|-----------------|-----------------|-----------------------|------------|
| Last Name | | First Name | | Middle Name | |
| Date of Birth | Gender | Work Phone | | Email Address | |
| HOME ADDRESS | | Street Address | | | |
| | | City | State | Zip | Home Phone |
| SPOUSE | | Name | | | |
| | | Work Phone | | Email Address | |
| Emergency Contact | | | Emergency Phone | | |
| Child's Name | | Date of Birth | | Gender Male or Female | |
| Child's Name | | Date of Birth | | Gender Male or Female | |
| Child's Name | | Date of Birth | | Gender Male or Female | |
| PAYMENT INFORMATION | | | | | |
| TERMS | | 3 MONTH | 6 MONTH | 12 MONTH | |
| | | \$45 | \$90 | \$180 | |
| Note: There will be a \$10 processing fee added onto the term | | | | | |
| For office staff use only: | | | | | |
| Join Date | | Expiration Date | | Member # | |
| No of Participants | | Total Payment | | Receipt # | |

I understand that the term agreed upon is non-refundable.

Recipient Signature

Date

Office Staff Signature

Date

**Please consult a physician before starting any physical/fitness program.