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| **Ceylon Fitness center**Membership Application |  |

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| **Applicant Information** |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |  |
|  |
| **prior club membership references** |
| *Please list any club memberships from the past 10 years (IF NONE, PLEASE WRITE NONE OR N/A)* |
| Club Name |  | Manager Name |  |
| Address |  | Phone |  |
|  |  |
| Club Name |  | Manager Name |  |
| Address |  | Phone |  |
|  |  |
| Club Name |  | Manager Name |  |
| Address |  | Phone |  |

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| **Disclaimer and Signature** |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to membership, I understand that false or misleading information in my application, violation of the Ceylon Fitness Center Rules and non-payment of membership dues may result in membership revocation AND forfeiture of ALL dues paid to the City of Ceylon.  |
| Signature |  | Date |  |