



REC ROOM GYM MEMBERSHIP APPLICATION



PLEASE PRINT CLEARLY

FIRST NAME: _____

LAST NAME: _____

GENDER M F DATE OF BIRTH: _____ CELL# () _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: MI ZIP: _____

MEMBERSHIP TYPE (CIRCLE ONE)

REGULAR COUPLE FAMILY STUDENT AFTER HOURS SENIOR CITIZEN

PUNCH CARD PERSONAL TRAINING GUEST (WITH MEMBER)

(Personal training clients please text a Picture of your face to(231) 740-3325)
(Please include your name in text to match with member profile)

AUTO BILLING OPTION

CREDIT CARD HOLDER NAME: _____

BILLING ADDRESS ONLY IF DIFFERENT FROM MEMBER ADDRESS ABOVE

CREDIT CARD # _____ - _____ - _____ - _____

EXP DATE: _____ CVC# _____ BILLING ZIP: _____