

Membership Application

General Information

Name: _____
 DOB: _____ Age: _____ Weight: _____ Height: _____ Gender: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Mobile Phone: _____ Other Phone: _____
 Email Address: _____ Occupation: _____
 Medical Conditions/Injuries: _____

Emergency Contact

Name: _____ Relationship: _____
 Phone: _____ Mobile: _____ Work: _____

Fitness Background

What is your fitness background? Any CrossFit Experience? _____

What are your fitness goals? _____

How did you hear about CrossFit Impulse? _____

CrossFit Impulse Membership/Class Fees

*No contract required. All fees must be paid up front and in full.

By Appointment:

CrossFit Introduction - Free	CrossFit Fundamentals - \$100 (3 Classes)
Individual Personal Training - \$35 (per session)	Partner Personal Training - \$55 (per session)

Scheduled Classes: (M-F 5:30, 6:45; Sat 9:00; Sun 3:00)

General Membership - \$60 (per month); \$175 (3 months); \$350 (6 months)
 Partner Membership - \$100 (per month); \$295 (3 months); \$590 (6 months)
 Special Services Membership - \$50 (per month); \$145 (3 months); \$290 (6 months)
 Drop-ins - \$10 (Must have CrossFit experience)

Payment Information

() Check Check # _____ () Cash

I authorize CrossFit Impulse to initiate payment as shown above.

x _____ Date: _____

FOR OFFICE USE ONLY

Member Type: _____	Payment Type: _____
Monthly Dues: _____	Total Paid: _____
Date Joined: _____	