

PRAIRIE OASIS FITNESS CLUB
MEMBERSHIP REGISTRATION FORM

Member Name: _____

Date: _____

Email Address: _____

Cell Phone: _____

Membership Type: _____

Cost: _____

Date of Birth (required for Student pass only): _____

Students/Seniors (60+ years old)	Adults
\$225.00/ 1 year (\$18.75/month)	\$325.00/ 1 year (\$27.08/month)
\$175.00/ 6 months (\$29.17/month)	\$225.00/ 6 months (\$37.50/month)
\$125.00/ 3 months (\$41.67/month)	\$150.00/ 3 months (\$50/month)
\$45.00 for 1 month	\$55.00 for 1 month
\$15.00 for 1 week	\$20.00 for 1 week

Memberships can be paid by cash, cheque payable to Prairie Oasis Fitness Club or e-transfer to prairieoasisfitness@gmail.com

Membership Start Date: _____

End Date: _____

Paid In Full: ☐ Yes ☐ No

Installment Plan:

Cheque Date: _____ Amount: _____

Cheque Date: _____ Amount: _____

Cheque Date: _____ Amount: _____

Cheque Date: _____ Amount: _____

I have read and understand the Prairie Oasis Fitness Club policies. Non-adherence to these policies could revoke my membership and forfeit my membership fee.

Member Signature: _____ Date: _____

Parental/Guardian Signature: _____
(If member is under 18 years old)