



MEMBERSHIP REGISTRATION

Member Information	Name: _____ Preferred Phone: _____
	Address: _____ Email: _____ _____
	Emergency Contact: _____ Phone: _____
	Physician Name: _____ Phone: _____
	Date of Last Physical Exam: _____ Date of Birth: _____

Where did you hear about PMI Total Fitness? _____

Exercise & Health History	Do you exercise regularly? <i>(please circle)</i>	YES	NO			
	If so, what types of exercise? _____					
	Do you have a history of the following? <i>(please circle)</i>					
	Heart Disease	YES	NO	Seizures	YES	NO
	Anemia	YES	NO	Fainting	YES	NO
	Diabetes	YES	NO	Back Pain	YES	NO
	Hypertension	YES	NO			
	Have you ever injured or been treated for any of the following? <i>(please circle)</i>					
	Neck	YES	NO	Wrist	YES	NO
	Shoulder	YES	NO	Back	YES	NO
Elbow	YES	NO	Hip	YES	NO	
Knee	YES	NO	Ankle	YES	NO	
Foot	YES	NO	Other: _____			
Have you had any surgeries or diagnoses by a medical professional that may limit your activities in any way? If yes, please list: _____						

PMI Membership Options

Membership Type	Senior/Military/ Student			Contract			No Contract			Silver & Fit or Silver Sneakers		
	Regular		24 Hour	Regular		24 Hour	Regular		24 Hour	Regular		24 Hour
Add-On Memberships	1	2	3	1	2	3	1	2	3	1	2	3
Unlimited Tanning	Yes		No	Yes		No	Yes		No	Yes		No

Please note: Cancelling membership requires 10 days advanced notice, plus payment of any cancellation fees. All 24-hour access keys need to be returned to PMI. If not returned, an additional \$10.00 fee will be assessed.

PMI Total Fitness does not require a physical exam for members, although it is highly recommended that you get a physician's approval prior to beginning any new exercise program.

Signed: _____ Date: _____

If under 18, parent's signature: _____

