

**THE HALES CORNERS LUTHERAN COMMUNITY
CENTER FITNESS CLUB
MEMBERSHIP RENEWAL FORM**

NAME: _____ DATE: _____

HOME ADDRESS: _____
Street

_____ E-MAIL: _____
City State Zip

HOME PHONE: _____ WORK PHONE: _____ EMERGENCY PHONE NO. _____

DATE OF BIRTH: ___/___/___ FITNESS CLUB CARD. NO. _____ HCLC member Y or N
(please circle)

MEMBERSHIP PLAN
 Individual 6-months - \$55.00
 Individual plus one 6-months - \$80.00
 Family 6-months - \$110.00
 Individual 1-year - \$100.00
 Individual plus one 1 year - \$150.00
 Family 1-year - \$200.00

WALKING CLUB
 Individual 6-months - \$20.00
 Individual plus one 6-months - \$30.00
 Family 6-months - \$50.00
 Individual 1-year - \$35.00
 Individual plus one 1 year - \$55.00
 Family 1-year - \$90.00

Fitness center access card if needed - \$8.00 _____

PAYMENT OPTIONS

CASH: for the amount of \$ _____ CHECK: for the amount of \$ _____

Credit Card Authorization

_____ Visa _____ Master Card _____ Discover Exp. Date _____

Credit Card Number _____ Cardholder Name (print) _____

for the amount of \$ _____ 3 digit code (on back) _____

Address the credit card is mailed to: _____

Cardholder Signature _____

OFFICE USE ONLY:

Exp. Date _____ Amt. Paid _____ Payment Type: (circle one) CA CC CK

Staff Signature _____ Date _____

Directors Approval _____ Denied _____ Reasons _____

Directors Signature _____ Date _____