

# FRONTLINE ACTION GENERAL MEMBERSHIP FORM

## 1. MEMBERSHIP DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

- Membership Type:**  \$24.99/month Basic Membership for 12 months (½ Price Fees with Benefits)  
 \$250/ year Basic Membership (½ price Fees with benefits - one payment)  
 \$49.99/month Elite Membership for 12 months (Free Field Fees Plus benefits)  
 \$499/ year Elite Membership (Free Field Fees with benefits - one payment)  
 Other: \_\_\_\_\_

## 2. MEMBER DETAILS

Sex:  Male  Female Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you consent to receive information from Frontline Action Center via email? Yes / No

How did you hear about us? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## 3. MEMBERS DECLARATION & PAYMENT DETAILS

Before signing this document, I have read, understand and hereby agree to the terms and conditions of membership as defined in Section 4 of this membership form and know that it affects my legal rights. I agree to pay the following annually or each month depending on my membership choice. The Annual Membership Fee of \$ \_\_\_\_\_ (plus applicable sales tax) will be withdrawn today.

The Monthly Gym Membership Fee of \$ \_\_\_\_\_ (plus applicable sales tax) will be withdrawn today and on the \_\_\_\_\_ (today's date) of each month for a total of 12 months.

Membership Expiration Date (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note: If payment is declined, there will be a \$20 fee applied to your account.**

Please complete the card information below, which hereby authorizes Frontline Action to debit the following card for the above membership each month.

Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date(MM/YY): \_\_\_\_ / \_\_\_\_

Security Code (3 digits on back of card): \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Postal Code (if different from above): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*\*\*PLEASE TURN OVER. READ & SIGN BACK PAGE\*\*\*\*\*

