

Fitness
New Brunswick



**Conditionnement
Physique**
Nouveau-Brunswick

New Membership Application Form

To avoid any interruption in service please fill in ALL fields below (mark with X where applicable).

FNB accepts businesses as members and as such will offer limited advertising as a membership benefit														
Type of membership					Individual					Business				
Name of Business (if applicable):														
First Name:							Last Name:							
Male		Female			Language of choice					French		English		
Age Range	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Mark with X ☞														
Address: (Street)														
City:					Province:					P.C.:				
Ph(c):				Ph(h):				Ph(w):						
E-mail:							Website:							
FEES: Choose applicable fee according to start date of membership.														
New Membership Fee Received April 1 to December 31										\$65.00		\$		
New Membership Fee Received January 1 to January 31										\$25.00		\$		
New Membership Fee Received February 1 to February 28/29										\$15.00		\$		
New Membership Fee Received March 1 to March 31										\$10.00		\$		

Forward your completed application and payment to:

Fitness New Brunswick

A112A LB Gym, 2 Peter Kelly Drive, UNB, PO Box 4400, Fredericton NB, E3B5A3

Phone: (506) 453-1094 Fax: (506) 453-1099 Toll Free: 1-888-790-1411

E-mail: membershipservices@fitnessnb.ca Web Site: www.fitnessnb.ca

<p>For Office Use:</p> <p>Date Received: _____</p> <p>Received by: _____</p> <p>Receipt#: _____</p> <p>Membership #: _____</p> <p>Info sent out: _____</p>	<p>Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa</p> <p>Name of Card Holder: _____</p> <p>Card Number: _____</p> <p>Expiry Date: ____/____ Three Digit Security Number: _____</p> <p>Signature: _____</p>
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Fitness!...For Fun!...For Life!...Forever!/Conditionnement physique pour le plaisir, pour la vie, pour toujours!