



EDWARD A. MYERBERG CENTER

## Fitness Center Registration Form

Office Use Only

Renewal

**Please Print**

Today's Date:		
Salutation: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ____/____/____
First Name:	M. I.:	Last Name:
Home Address:		
City:	State:	Zip:
Spouse/Partner's Name:	Is Spouse/Partner a Fitness Center Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone Number: (     )	Cell Phone Number: (     )	
Email:		
Physician:	Specialty:	Phone Number: (     )

### Program Registration:

Membership Type	Member Price	Non-Member Price	Amount Due
Evaluation Fee	\$35	\$35	\$
____ Week (Visitors Only)		\$20/week	\$
13-Week	\$95	\$110	\$
26-Week	\$180	\$200	\$
52-Week	\$335	\$385	\$
52-Week (Couples)	\$295/person	\$345/person	\$
Class_____			\$
Myerberg Membership	\$48	\$48	\$
<i>Office Use Only</i>			
Fitness Exp: ____/____/____     Myerberg Exp: ____/____/____			
<b>TOTAL DUE</b>			<b>\$</b>

<input type="checkbox"/> Cash <input type="checkbox"/> Check    Check #: _____    Make checks payable to: Myerberg Center		
Card Number:	Exp. Date:	3-Digit Security Code:
Name on Card:		
Card Billing Address (if different from above):		
Cardholder Phone Number (if different from above):		

**Call or stop by the Fitness Center to complete your registration.**

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