

URBAN

WELLNESS CENTRE

MEMBERSHIP APPLICATION

NAME (Last) _____ (First) _____

ADDRESS _____ CITY/TOWN _____ POSTAL CODE _____

EMAIL ADDRESS _____ DAYTIME PHONE# _____

BIRTHDATE: MM/DD/YY _____ DATE OF APPLICATION: MM/DD/YY _____

CURRENT EMPLOYER (please provide proof of employer) _____

How did you hear about us? (please circle one): friend/co-worker website other _____

PLEASE REVIEW OPERATION POLICY MANUAL TO FAMILIARIZE YOURSELF WITH THE RULES AND REGULATIONS OF OUR FACILITY. Please provide your signature to confirm that you have read and agree to the rules and regulations of the Urban Wellness Centre:

X _____
Signature of member

FOR OFFICE USE ONLY

Access Card #:

Issued: _____ cityplace office tower employees: _____
(record last 5 digits on existing cards)

Membership : 1 month 3 month 6 month 1 year Payroll Deduction Loyalty program (circle one)
\$25 refundable deposit received Y / N (circle)

HR= _____ / 15 sec.= _____ bpm

BP= _____ / _____ mmHg ParMedX issued? Y/N (circle one)

A ParMedX form will be issued and MUST accompany membership if HR is over 20 beats in 15 seconds or BP is higher than 140/90

IMPORTANT: PLEASE COMPLETE REVERSE SIDE OF THIS FORM (MANDATORY PAR-Q)

