

YOGA AND PILATES CLUB

Membership Form



PLEASE PRINT LEGIBLY:

DATE_____

NAME_____

SCPD ADDRESS_____

PHONE_____

EMAIL_____

\$25 Annual dues from July 1 to June 30
\$30 Monthly fee for all classes or \$5 per class

AMOUNT PAID_____ (CHECKS ONLY-NO CASH)

CHECK NUMBER_____ (US BANKS ONLY)

Sign-in person: Please write in the new member's name, date dues were paid, and check # on the Member sign-in sheet. Put the check in the envelope and deposit it in the drop box. Put completed form in the binder/Pat.