

YOGA & PILATES CLUB MEMBERSHIP FORM

Please print CLEARLY

DATE_____

NAME_____

SCPD ADDRESS_____

PHONE_____

EMAIL (*print clearly*) _____

\$25 annual dues from July 1st to June 30th

\$30 for unlimited monthly classes OR \$5 per class

AMOUNT PAID _____ (U.S. Checks or CASH)

Check Number _____ (U.S. Banks only)

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