



Membership Sign-Up Sheet

Legal Name:

E-Mail Address:

Home Phone Number:

Cell Phone Number:

Address:

City:

Province:

Postal Code:

Gender: MALE FEMALE

Date of birth:
month/day/year

Drivers License/ID #:

Emergency Contact Name:

Emergency Contact Number:

Price for Life: Please select Yes or No, this option allow you to freeze your bi-weekly dues for life by paying one time \$20.00 YES NO

Desired Start Date, MMDDYY:

Home Club (Location you will most frequently visit):

Existing She's FIT! Or Club16 Member? YES NO

Once Complete, Please E-Mail This Spreadsheet To: Renee.Hildebrandt@l1sfg.com OR Fax To (604) 536 - 5562 Attention: Renée Hildebrandt