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Application Date:	-	
Last Name:	_ First Name:	
Employee Number:	_ *ID Card #:	
Home Address:	(first 6 digits on the	•
City:		
Work Number:	_ Home/Cell Number:	
Email:	_	
*If you do not have the new ID card with the numbers on the back, you will not		tness Centre.
Yoga - 8 class session from to Member's rate Non-member's rate If you are not currently a member, the minimum rec	\$16.00 \$60.00	\$
however you can choose a longer duration if you pr	efer.	
□ 1 month membership	\$15.00	\$
□ 3 month membership	\$45.00	\$
6 month membership	\$80.00	\$
□ 12 month membership	\$150.00	\$
	Total	¢

Payable by cash, cheque, credit card or debit card at the Richmond Hospital Information Desk.

*** NOTE: Access to the gym is done offsite so it may take up to 5 business days to process. Please take this into consideration when requesting your start date. Also, please try to remember your expiry date for renewals. ***

A one time free orientation session with a certified personal trainer is available for those signing up for a minimum of 3 months (non-refundable). Please indicate if you wish to take advantage of this offer and provide your e-mail address. You can also sign up for this offer upon membership renewal if you would like to trial the fitness centre for a month.

 \Box Yes, I would like a free orientation session with a personal trainer.

<u>Note</u>: A signed Membership Agreement Form and completed PAR-Q & YOU Questionnaire (one time only) must be attached before access will be issued.

Office Use Only	
<u>Cashier</u>	Fitness Committee
Receipt #	Date Request Sent
Date Paid	Spreadsheet Updated Access Updated by VH Member Notified