

The HEALTH CLUB
at Fairmont Pittsburgh
MEMBERSHIP APPLICATION

NAME: _____

Last First

HOME ADDRESS: _____
Number and Street Name

City	State	Zip Code
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TELEPHONE: () _____ () _____
 Business **Alternate**

EMAIL: _____

OCCUPATION: _____

COMPANY: _____

ADDRESS: _____
Number and Street Name

City	State	Zip Code
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DATE OF BIRTH: _____ **SPECIAL MEDICAL CONSIDERATIONS: (Y/N)** _____
(MM/DD/YY)

Emergency Contact: _____ **TEL:** () _____

For internal use only:

MEMBERSHIP TYPE: _____

MEMBERSHIP NUMBER _____ **START DATE:** _____