



GRAND TRAVERSE ATHLETIC CLUB
1713 PARK DRIVE
TRAVERSE CITY, MICHIGAN
49686

MEMBER# _____
START DATE: _____
RENEW DATE: _____
STAFF INIT. _____

MEMBERSHIP APPLICATION

LAST NAME: _____ FIRST NAME: _____ NICK NAME _____

BIRTH DATE: _____ ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ EMPLOYER: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT NAME/NUMBER _____

E-MAIL ADDRESS: _____

TYPE OF MEMBERSHIP (CLUB USE ONLY)

___ FITNESS MEMBERSHIP ___ AEROBIC MEMBERSHIP ___ COURT SPORTS

LENGTH OF MEMBERSHIP _____ ONE PAYMENT _____ E.F.T _____

DUES \$ _____

TOTAL DUES \$ _____

PAYMENT METHOD: CASH CREDIT CHECK GIFT CERTIFICATE

STAFF NOTES _____

APPLICATION AND SIGNATURE
I HEREBY APPLY FOR MEMBERSHIP AT GRAND
TRAVERSE ATHLETIC CLUB. AGREEING TO
ALL THE TERMS AND CONDITIONS OF
MEMBERSHIP. INCLUDING CLUB RULES,
PAYMENT AGREEMENT AND THE RELEASES.

****NO REFUNDS!***

X _____
PARENT SIGNATURE

X _____
MEMBERS SIGNATURE DATE