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

Once Complete, Please E-Mail This Spreadsheet To: Haley.Kusumoto@llsfg.com OR Fax To (604) 536 - 5562 Attention: Haley Kusumoto