

LINCOLN FITNESS, LLC

APPLICANT INFORMATION

Name:

Date of Birth:

SSN:

Phone:

Current Address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION

Current Employer:

Employer Address:

How long?

Phone:

Fax:

Email:

City:

State:

ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Email:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

SSN:

Phone:

SPOUSE EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

Fax:

Email:

City:

State:

ZIP Code:

PAYMENT INFORMATION

Bank Name:

Phone:

Card #:

Card Type:

Name on Card:

Expiration Date:

CVV:

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

SIGNATURES

Signature of applicant:

Date:

Signature of spouse (only if joint membership):

Date: