

WILMETTE PARK DISTRICT
CENTER FITNESS CLUB

3000 Glenview Road, Wilmette, IL 60091
 (847) 920-3900



WPD Res _____
 Non Res _____
 Mem No. _____
 Mem Type _____
 Receipt # _____

MEMBERSHIP APPLICATION
RENEWAL

GENERAL INFORMATION

Name (Last) _____ (First) _____ Birthdate _____/_____/_____
 Home Address _____ E-mail Address _____
 City/State/Zip _____ Home Phone _____
 In case of emergency, Contact: _____
 Phone: _____ Work Phone _____

MEMBERSHIP INFORMATION
 (Please Check One)

1. Individual
 2. Couple
 3. Family
 4. Student (14-23)
 5. Senior
 6. Senior Couple
 7. Summer
 8. Summer "Plus"
 9. One Month
 10. Platinum Access
 11. 6 Month
 12. Employee

Summer: 6/1 - 9/1 Summer "Plus" 6/1 - 9/1 plus 12/1 - 1/1

FAMILY MEMBERS

	Name	M/F	Birthdate
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____

PAYMENT INFORMATION

I understand monthly memberships continue until written notification to cancel is received within 30 days. _____ (Initials)

Check
 Cash
 Visa
 M/C
 Discover
 Paid in Full
 Paid Monthly

Contract Date: _____
 Membership Expiration Date: _____

Payment Received: _____
 Balance Due: _____

MEMBER'S SIGNATURE:

AUTHORIZATION: _____



Americans With Disabilities Act

Please check this here if you need any accommodation, in accordance with the ADA, to effectively participate in an activity or at a facility. A staff member will contact you for more information.