

MEMBERSHIP CHECKLIST

ALL ITEMS MUST BE CHECKED AND CLEARED WITH STAFF PRIOR TO ADMITTANCE.

1. PRE-TEST COMPLETED & HANDED IN.

Date:

2. CERTIFICATION BOOKED & PAID

Date:

3. MEMBERSHIP OPTION DETERMINED:

Block Time 3 Month 6 Month 12 Month Family

4. MEMBERSHIP AGREEMENT INITIALED AND SIGNED AND DATED

Date:

5. MEMBERSHIP RULES SIGNED AND DATED

Date:

6. STORAGE POLICY SIGNED AND DATED

Date:

7. AUTOMATIC PAYMENT AUTHORIZATION FORM COMPLETED AND SIGNED

Date:

8. FULL CERTIFICATION AND CERT. PACKET COMPLETELY INITIALED AND SIGNED

Date:

9. MEMBERSHIP CARD SIGNED AND VERIFIED

Date:

10. BILLED IN FULL OR FOR FIRST MONTH DUES

Date:

11.

Member Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Director Signature: _____