

Anniston Fitness Center
3114 McClellan Boulevard Anniston, AL 36201
(256) 237-4206

Anniston City Schools
Corporate Wellness—Membership Form

I, _____, authorize the payroll department of Anniston City Schools to deduct \$ _____ from my check each month for the purpose of membership fees to be paid to Anniston Fitness Center. This membership will be for a minimum of 12 months and will automatically renew on the 13th month unless a written notice is sent to and received by Anniston Fitness Center 30 days prior to your renewal date.

_____ Employee Name _____ Date

Single Membership--\$19.95 per month

Family Membership—Single Member ship fee plus \$5.00 for each additional family member (limit of 4 additions)

Membership includes all dependent family members living in the same household.

Employees Full Name

Address, City, State and Zip Code

Phone Number(s)—Home & Cell

Today's Date

Please list any additions being added to your membership and their relationship to you.

1. _____
2. _____
3. _____
4. _____

Thank you for choosing Anniston Fitness Center.
Please call to set up an appointment for your fitness evaluation.