



Membership Category:

Silver Sneakers

Silver & Fit



Name: _____ WAIVER ID

Mailing Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

SILVER SNEAKERS

Silver Sneakers Member ID#: _____

SILVER & FIT

Silver & Fit Fitness ID#: _____

Payment Due: _____

Date Paid: _____

****Notice: All applicants will need to show proof of identification and sign a Waiver and Release of Liability.**
