



# HERO'S MEMBERSHIP APPLICATION 2023

## Membership Type (Check One):

Military/First Responder Weekday Membership

Military/First Responder 7-Day Membership

**Primary Candidate:**

**Secondary Candidate:**

**Mailing Address:**

**Mobile:**

**Phone Number:**

**Email Address:**

**Email Address:**

**Amount: \$**

**Initial Deposit \$**

**Monthly Addition**

**Credit Card (for charge privilege's):**

**Card Type:**

**A/C #**

**Exp. Date:**

I \_\_\_\_\_ (print name) agree to all member stipulations, facility policies, and payment policies. I understand that if I fail to comply, my membership privilege's may be suspended by management for breaches of policy. A monthly statement of account will be sent to the email provided. BALANCES WHICH REMAIN UNPAID AFTER 30 DAYS WILL BE CHARGED TO THE CREDIT CARD NOTED ABOVE.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

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## STAFF USE ONLY BELOW

Program Selected: \_\_\_\_\_

Total Balance Due: \_\_\_\_\_

Account #: \_\_\_\_\_

Start Date: \_\_\_\_\_

Payment: \_\_\_\_\_

End Date: \_\_\_\_\_

Finance Method: \_\_\_\_\_

Payments: \_\_\_\_\_



# BRISTOW MANOR MEMBERSHIP APPLICATION 2023

## Membership Type (Check One):

Regular Weekday Membership

Regular 7-Day Membership

## Primary Candidate:

## Secondary Candidate:

## Mailing Address:

## Mobile:

## Phone Number:

## Email Address:

## Email Address:

## Amount: \$

## Initial Deposit \$

## Monthly Addition

## Credit Card (for charge privilege's):

## Card Type:

## A/C #

## Exp. Date:

I \_\_\_\_\_ (print name) agree to all member stipulations, facility policies, and payment policies. I understand that if I fail to comply, my membership privilege's may be suspended by management for breaches of policy. A monthly statement of account will be sent to the email provided. BALANCES WHICH REMAIN UNPAID AFTER 30 DAYS WILL BE CHARGED TO THE CREDIT CARD NOTED ABOVE.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

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### STAFF USE ONLY BELOW

Program Selected: \_\_\_\_\_

Total Balance Due: \_\_\_\_\_

Account #: \_\_\_\_\_

Start Date: \_\_\_\_\_

Payment: \_\_\_\_\_

End Date: \_\_\_\_\_

Finance Method: \_\_\_\_\_

Payments: \_\_\_\_\_