

HERO'S MEMBERSHIP APPLICATION 2023

Membership Type	(Check One):	
Military/First F	Responder Week	day Membership
Military/First F	Responder 7-Day	Membership
Primary Candidat	:e:	
Secondary Candi	date:	
Mailing Address:	///	
Mobile:	7 62 6	
Phone Number:		
Email Address:	10 4 10 10	
Email Address:	BY ASS	
Amount: \$	Initial Deposit \$	Monthly Addition
Credit Card (for c		
Card Type:	A/C #	Exp. Date:
privilege's may be susp statement of account v	policies. I understand bended by managemo will be sent to the em	ree to all member stipulations, facility d that if I fail to comply, my membership ent for breaches of policy. A monthly hail provided. BALANCES WHICH REMAIN TO THE CREDIT CARD NOTED ABOVE.
Sign:		Date:
	STAFF USE C	ONLY BELOW
Program Selected:		
Total Balance Due:		Account #:
Start Date:		Payment:
End Data:		Finance Mathod:

Payments:



BRISTOW MANOR MEMBERSHIP APPLICATION 2023

Membership Typ	e (Check One):	
Regular Wee	kday Membershi	р
Regular 7-Da	y Membership	
Primary Candida	ite:	
Secondary Cand	idate:	
Mailing Address		
Mobile:	17 19 18	
Phone Number:	11/10/11	
Email Address:		
Email Address:		
Amount: \$	Initial Deposit	\$ Monthly Addition
Credit Card (for	charge privilege	e's):
Card Type:	A/C #	Exp. Date:
privilege's may be sustatement of account	t policies. I understar spended by manager will be sent to the e	gree to all member stipulations, facility nd that if I fail to comply, my membership ment for breaches of policy. A monthly mail provided. BALANCES WHICH REMAIN D TO THE CREDIT CARD NOTED ABOVE.
Sign:		Date:
	STAFF USE	ONLY BELOW
Program Selected:		
Total Balance Due:		Account #:
Start Date:		Payment:

Finance Method:

End Date:

Payments: