



Corporate Membership Application

Name of Corporation: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

E-Mail: _____

Number of Employees in the Workplace: _____

Expected Number of Corporate Members: _____

Will employees be paying for memberships directly? _____

If No, please contact Team Leader, Fitness on 25th – YWCA, to make arrangements for invoicing, or other payment methods.

In order to maintain Corporate Membership Status a minimum of 6 employees from this organization are required to have an active membership at Fitness on 25th – YWCA. In the event that there are not 6 active members, notice will be provided and Corporate Membership may be discontinued.

Employees are required to provide proof of employment such as a business card or pay stub at the time of membership registration.

All information on Corporate Memberships can be found in our Corporate Membership Brochure.

Signature

Date

Someone will be in touch with you within 5 business days upon receipt of this application.

For YWCA Office Use Only:

Date Application received: _____ Contact Date: _____

Corporate Membership Set Up: _____ Signature: _____