



1143 GALLATIN ROAD  
 NASHVILLE, TN 37206  
 615-988-0444

## Membership Application

### Applicant Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

### Emergency Contact

Name:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

### Membership Plan (check one)

12-month: \$35/month
6-month: \$50/month
3-month: \$75/month
1-month: \$100/month

### Signatures

I agree to the Membership Plan that I have chosen. I authorize that a background check be conducted and I have filled out all information correctly to the best of my ability. I have received a copy of this application.

Signature of applicant*:	Date:
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\*Please type name. Upon orientation you will sign a hard copy for our records.