



## MEMBER INFORMATION FITNESS

Last Name _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female _____
First Name _____	Birthdate _____ <i>Month / day / year</i>
Address _____	Home Phone _____
City/Town _____	Other Phone _____
Postal _____	Email _____
Employer _____	Occupation _____
Emergency Contact Name _____	Emergency Contact Tel. _____

### How did you learn about Dolphin Fitness?

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Doctor Referral | <input type="checkbox"/> Our Website  | <input type="checkbox"/> Mall Demo       |
| <input type="checkbox"/> Physio Referral | <input type="checkbox"/> Brochure     | <input type="checkbox"/> Flyer or Poster |
| <input type="checkbox"/> Friend Referral | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Television      |
| <input type="checkbox"/> Google search   | <input type="checkbox"/> Phonebook    | <input type="checkbox"/> Other: _____    |