

MEMBERSHIP FORM

FULL MEMBERSHIP FORM

TRIAL MEMBERS

First Name CLEARLY PLEASE _____ Last Name CLEARLY PLEASE _____

How did you learn about Siam No.1? PRINT CLEARLY PLEASE _____

Phone Number PRINT CLEARLY PLEASE _____

Email Address (For SAVINGS & events) PRINT CLEARLY PLEASE _____

TRIAL DATE: _____ 2021
MONTH / DAY /

Address PRINT ALL FIELDS CLEARLY PLEASE _____

City _____ Province _____ Postal Code _____

Date of Birth _____ Weight _____ Height _____

Do you go to school If so, where? _____

Are you renewing your membership?
 NO
 YES What year did you originally join? _____

PLEASE SIGN WAIVER ON OTHER SIDE

FOR OFFICE USE ONLY:

MEMBERSHIP #: _____

MEMBER START DATE: _____

MEMBERSHIP TYPE
 18+
 Kids
 PROMO OFFER: _____

PARENT OR GUARDIAN CONSENT FORM FOR THOSE UNDER THE AGE OF 18

Parent/Guardian First Name _____ Parent/Guardian Last Name _____ Relationship _____

Emergency Contact Phone Number _____ Date _____ Parent/Guardian Signature _____