



**GREENSBORO COLLEGE**  
**ROYCE REYNOLDS FAMILY STUDENT LIFE CENTER**

Greensboro College Fitness Membership Application

**MEMBER INFORMATION**

Name:		
Home Address:		
City:	State:	Zip:
Phone:	Email:	
Age:	Gender:	YOG:
Emergency Contact:		Phone:

Amount Enclosed:

\_\_\_\_\_ \$160 Individual Membership

\_\_\_\_\_ \$50 for any additional family members

Check # \_\_\_\_\_

\*Memberships starting throughout the year will be prorated for the remainder of that year.

Please make checks payable to **Greensboro College**

Return application to:

Teresa Fister  
815 W. Market St.  
Greensboro, NC 27401

**SECONDARY MEMBER INFORMATION**

Name:		
Home Address:		
City:	State:	Zip:
Phone:	Email:	
Age:	Gender:	YOG:
Emergency Contact:		Phone:
Relationship to Member:		

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