

# SADDLEBACK COLLEGE FITNESS CENTER

## Membership Application Form

**Cost:** Semester: \$ 50.00 (Spring, Summer or Fall)  
Yearly: \$ 100.00 (**A \$50 savings**)

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home / Cell Phone #: (     ) \_\_\_\_\_ Staff I.D. #: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Membership: **Semester (\$50.00)** \_\_\_\_\_ **Annual (\$100.00)** \_\_\_\_\_

Paid by:   Check           Cash           Receipt Book # \_\_\_\_\_

*Make checks payable to: **Saddleback College***  
***Re: Fitness Center***

LFC I.D. # \_\_\_\_\_ Membership Valid: \_\_\_\_\_ to \_\_\_\_\_

*\*\* All Beginning and Ending membership dates are subject to SOCCCD Academic Calendar.*