



MEMBERSHIP INQUIRY

NAME _____ DATE _____

PHONE (W) _____ (H) _____

EMAIL _____

* Please let us know how you heard about Wave Health & Fitness

* Please check off all of the equipment and services you are interested in

- | | |
|---|--|
| <input type="checkbox"/> Treadmill | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Elliptical Trainer | <input type="checkbox"/> Group Exercise Classes |
| <input type="checkbox"/> Exercise Bike | <input type="checkbox"/> Personal Training |
| <input type="checkbox"/> Stair Stepper | <input type="checkbox"/> Group Personal Training |
| <input type="checkbox"/> Rowing Machine | <input type="checkbox"/> Massage Services |
| <input type="checkbox"/> Free weights | <input type="checkbox"/> Skincare Services |
| <input type="checkbox"/> Weight Machines | <input type="checkbox"/> Other: _____ |

Thank you for your interest in Wave Health & Fitness. Please fill out this form and email it to Michael.Anderson@wavehealth.com. Someone will be in touch with you shortly about Wave's wellness programs and membership opportunities.