

Least Resistance Training Concepts

Membership Application

Applicant: _____ DOB (Month/Day) _____

Address: _____ OK to publish? _____

City: _____ State: _____ Zip: _____

Telephone: _____ OK to publish? _____ (Cell): _____ OK to publish? _____

E-mail Address: _____ OK to publish? _____

Spouse/Domestic Partner: _____ DOB (Month/Day) _____

Minor Children:

_____ DOB (M/D/Y): _____ Relationship: _____

_____ DOB (M/D/Y): _____ Relationship: _____

_____ DOB (M/D/Y): _____ Relationship: _____

I hereby grant permission for my minor child/children, named above, to participate in LRTC

activities: Signed: _____ Date: _____

MEMBERSHIP TYPE

Single Membership \$15.00 _____

Family Membership (Applicant, spouse/domestic partner & any minor children living in the same household) \$25.00 _____

_____ VAP Membership _____ Professional Services Membership

I hereby apply for membership in Least Resistance Training Concepts and agree to abide by the policies, procedures and safety regulations adopted by LRTC.

Signature: _____ Date: _____

(Please make all checks payable to: Least Resistance Training Concepts or LRTC)
All memberships expire December 31st

Mail Form to:
Least Resistance Training Concepts
11345 Silver Lane
Stagecoach, NV 89429

Year	Family/Single	<i>Office use only</i> Amount	Date Received	Received by
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____