Haven Wellness Center 116 South Kansas Avenue
P. O. Box 246 Haven, Kansas 67543 Tel: 620-465-2203

Application for Membership

_____ _____ ____ _____ _____
First Name Last Name MI Gender Date of Birth

_____ _____ _____
Address City Zip Code

_____ _____ _____
Place of Employment Phone Number Alternate Phone

_____ _____ _____
Email Emergency Contact Emergency Phone #

Term: Monthly Yearly **Type:** Individual Family Corporate **Payment:** Bank Transfer Check* Cash
*Checks payable to Haven Wellness Center at HWC or PO Box 246

Additional Family Membership Information:

Name	**Gender**	**Birth date**	**Relationship**
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

The Haven Wellness Center urges you and all of your family and any guest to obtain a physical examination by a doctor before using any exercise equipment of participating in any exercise class. All exercise, training and/or instruction, including the use of weights and use of any and all machinery, equipment and apparatus designed for exercise, shall be at the member/guest sole risk. Member/guest understands that the agreement to use or the selection of the exercise program, methods, and types of equipment shall be the member/guests entire responsibility and the Haven Wellness Center shall not be liable to any member/ guest or for the services provided by the Haven Wellness Center. Member/non-member hereby holds the Haven Wellness Center, Haven Wellness Committee, it's officers, owners, agents, subcontractors, and volunteers/employees harmless from all claims which may be brought against them by member or on a non-member's behalf for any such injuries or claims. By signing, member(s) acknowledge that they have read, understand, and agree to all rules and regulations.

_____ _____
Signature Date
*For members under 18 years of age, signature of parent or guardian is required.

Office Use Only

Join Date: _____ Expiration Date: _____ Member # _____

Term: Monthly Yearly Type: Family Individual Corporate

Method of payment: Auto draft/cash/check/other)

Payment due date:_____ Monthly Dues: $_____Total Due: $_____