



## MEMBERSHIP APPLICATION

154 S CHESTNUT ST  
CENTRALIA IL, 62801

[www.crossfitsty.com](http://www.crossfitsty.com)

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

Date of Birth (mm/dd/yy): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: Male / Female Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Any experience with CrossFit? Yes / No

If yes, explain: \_\_\_\_\_

If you are affiliated with a gym, please name: \_\_\_\_\_

Why do you want to join CrossFit STY?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you applying with a family member or friend that you want to be considered for membership together? If so, name(s): \_\_\_\_\_

\_\_\_\_\_

\*All applications will be reviewed monthly. You will be contacted for initial tour, introduction to trainers and introductory workout.