



2008 MEMBERSHIP APPLICATION

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Country: _____ E-mail Address: _____

Home Phone: () _____ Work Phone: () _____

\$25 Annual Membership Fee (per calendar year)

Payment Type (check one):

Check or Money Order Visa Mastercard Discover American Express

Card #: _____ - _____ - _____ Expiration: ____ / ____

Issuing Bank: _____

Signature: _____ Date: _____

Issue Check or Money Order or complete Credit Card information and send to:

**Fitness Universe
P.O. Box 6100
Rosemead, California 91770 USA**

Fax (626) 292-2221