



APPLY FOR MEMBERSHIP

NAME: _____

HOME ADDRESS (include city, state, zip): _____

PREFERRED METHOD OF COMMUNICATION: _____ PHONE _____ EMAIL

HOME #: _____ BUSINESS #: _____

CELL #: _____ E-MAIL: _____

MAILING ADDRESS (if different from above): _____

NAME OF SPOUSE: _____

HOME #: _____ BUSINESS #: _____

CELL #: _____ E-MAIL: _____

NAME OF CHILD: _____ DATE OF BIRTH: _____

NAME OF CHILD: _____ DATE OF BIRTH: _____

NAME OF CHILD: _____ DATE OF BIRTH: _____

NAME OF CHILD: _____ DATE OF BIRTH: _____

NAME OF CAREGIVER: _____ HOME #: _____ CELL #: _____

NAME OF CAREGIVER _____ HOME #: _____ CELL #: _____

AREAS OF INTEREST

- _____ CHILDREN'S CLASSES _____ PARENTING CLASSES _____ ADULT FITNESS _____ RETAIL & TRUNK SHOWS _____ CITISCHOOL _____ SUZUKI _____ SPECIAL EVENTS

APPROVAL OF MEMBERSHIP

THIS APPLICATION WILL BE SUBJECT TO APPROVAL BY CITIBABES, IN ITS SOLE AND ABSOLUTE DISCRETION, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, DISABILITY OR NATIONAL ORIGIN. UPON APPROVAL, THE APPLICANT WILL BE REQUIRED TO SIGN A MEMBERSHIP AGREEMENT AND DISCLOSURE STATEMENTS. IN THE EVENT AN APPLICANT IS NOT ACCEPTED, THE APPLICANT'S MEMBERSHIP FEE SHALL BE REFUNDED WITHIN FIFTEEN (15) BUSINESS DAYS OF RECEIPT OF SUCH NOTICE.

CHANGE OF INFORMATION

THE APPLICANT SHALL PROMPTLY NOTIFY CITIBABES IN WRITING OF ANY CHANGES IN ADDRESS, PHONE NUMBER, BILLING INFORMATION, AND/OR CAREGIVER INFORMATION.

DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

REFERRED BY: _____

THIS APPLICATION FOR MEMBERSHIP SHALL NOT BE BINDING UPON CITIBABES UNTIL APPROVED.

PAYMENT METHOD

CHECK: PLEASE MAKE CHECK PAYABLE TO CITIBABES, LLC.

CREDIT CARD: PLEASE CHARGE THE FULL AMOUNT (\$1400) OF MY MEMBERSHIP TO THE FOLLOWING:

_____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

INSTALLMENTS: PLEASE BILL MY ANNUAL MEMBERSHIP IN INSTALLMENTS OF \$133 PER MONTH TO THE FOLLOWING:

_____ VISA _____ MASTERCARD _____ AMEX _____ DISCOVER

TOTAL \$ AMOUNT: _____

CARD NUMBER: _____ EXPIRATION DATE: _____

NAME ON CARD: _____ SIGNATURE: _____

_____ Citibabes partners with many fine organizations to bring you information and special values. Please check here to receive information from these partners.