



APPLY FOR MEMBERSHIP

Please print & complete this form before mailing it to 52 Mercer Street, 3rd Floor, New York, NY 10013 or bringing it by in person. If you have any questions, please do not hesitate to email us at info@citibabes.com or call 212.334.5440.

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 ADDRESS (if different from above): \_\_\_\_\_

\_\_\_\_\_

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 ADDRESS (include city, state, zip): \_\_\_\_\_

\_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

AREAS OF INTEREST

- \_\_\_\_\_ CHILDREN'S CLASSES \_\_\_\_\_ PARENTING CLASSES \_\_\_\_\_ INDOOR PLAY SPACES
\_\_\_\_\_ ADULT FITNESS \_\_\_\_\_ RETAIL & TRUNK SHOWS \_\_\_\_\_ SPECIAL EVENTS

# membership

## APPLY FOR MEMBERSHIP

Please print and fill out this form, then either fax it to 212.334.5441 (ATTN: Sararose Anderson), e-mail [info@citibabes.com](mailto:info@citibabes.com), mail it back to 52 Mercer Street, New York, NY 10013, or bring it to the club in person.

## 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.

REFERRED BY: \_\_\_\_\_  
APPLICANT'S NAME: \_\_\_\_\_  
APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
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 OF MY MEMBERSHIP TO THE FOLLOWING:

\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX \_\_\_\_\_ DISCOVER

INSTALLMENTS: PLEASE BILL MY ANNUAL MEMBERSHIP IN INSTALLMENTS OF \$200.00 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.