



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, 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.