



APPLY FOR MEMBERSHIP

Please print and 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 info@citibabes.com or call 212.334.5440.

Name: _____

Home Address (include city, state, zip): _____

Preferred Method of Communication: Phone Email

Home # _____ Work# _____

Cell # _____ Email# _____

Mailing Address (if different from above): _____

Name of Spouse: _____

Home Address (if different from above): _____

Home # _____ Work# _____

Cell # _____ Email# _____

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 (if different from above): _____

Home # _____ Work# _____

AREAS OF INTEREST

Children's Classes

Parenting Classes

Indoor Play Spaces

Adult Fitness

Retail & Trunk Shows

Special Events

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Please print and complete this form, then either fax it to 212.334.5441, email soho@citibabes.com, mail it to 52 Mercer Street, 3rd Floor, 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

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.