

Membership No.					
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	DR. EPHRAIM WILLIAMS FAMILY LIFE CENTER A Ministry of the Fellowship of Excitement
MDED	INFORMATION DI D'ACL I

A Ministry of th	e Fellowship of Excitem	ent					
1. MEMBER INFORMATION-	—Please Print Clearly						
LAST NAME	FIRST NAME N	ЛІ Не	OME PHONE				
CURRENT MAILING ADDRESS CITY			STATE ZIP				
EMAIL		CELL PHONE					
BIRTHDATE AGE	[ ]F	[ ] M	DRIVERS LICENSE	 } #			
EMPLOYER			WORK PHONE				
			()				
HOW DID YOU HEAR ABOUT US/REFER	RED BY?						
Are you a member of St Paul?	ut? What part of	ur eating and exercise habi of the facility will you use		od] [Fair] [Poor]			
Please list all sub-members includi	ng all children. (12 or older will recei	ive a membership card)	4. PHOTO REI	LEASE WAIVER			
FIRST & LAST NAME	BIRTHDATE M/F	RELATIONSHIP		o and authorize the u			
THOT WENT TWINE	DIKTIDITE IVI/I	11101101111		nyone authorized by as that have been take			
			child(ren) this day	child(ren) this day for any purpose, without compensation			
			are owned by the I	to me. All negatives and positives, together with the prints, are owned by the DEWFLC. The DEWFLC reserves the			
2 MEDICAL INCODMATION	Dlaga Dwint Claudy		right to use these p	right to use these photographs in any of its print or elec-			
2. MEDICAL INFORMATION-	—Flease Frint Clearly		I hereby acknowle	edge that I have read	and understood the		
Family Physician's Name:			terms of this releas	MEMBER INITIAL 2	X		
Physician's Address:			5. AUTO MON	THLY BILL PAY	YMENT		
Physician's Telephone:			Choose one	Amount of Monthly	First Due Date		
Emergency Contact:			Monthly payment	Payment			
Emergency Phone:			date				
Please indicate any special medical condit	6th / 20th	MEMBER INITIAL X					
specific individual concerned.	,		EFT Author	ization			
			I,ize my bank to t	I, authorize my bank to make my payment by the method			
			indicated as foll	lows and post it to	my account		
3. PHYSICAL ACTIVITY READIN	ESS QUESTIONAIRE (PAR-Q	))	[] Checking* [] MasterCard	[ ] Sa [ ] Vi	nvings**		
Regular physical activity is fun and healthy, and increasingly more people are starting to become			[] AM Ex	[ ] Di	scover		
more active every day. Being more ac should check with their doctor before	(*must attach a v Account #	(*must attach a void check) (** attach a deposit slip)					
are planning to become much more ph	nysically active than you are now,	Expiration Date					
seven questions in the box below. If y you if you should check with your doc	Number of payme 1st Due	Number of payments					
you are not used to being very active, Common sense is your best guide who	Date:						
carefully and answer each one honestl			I understand that I am in full control of my payment and at any time I decide to discontinue this form of payment,				
Yes No	Check YES or NO	I will notify DEW.	I will notify DEWFLC in writing at: 4036 14th Avenue, Sacramento, CA 95820, or P.O. Box 5237, Sacramento,				
☐ ☐ 1. Has your doc	etor ever said that you have a l		CA 95817, a mini	mum of thirty (30) do			
-	nly do physical activity recom	-	next contract due date: Bank Name				
<ul> <li>2. Do you feel pain in your chest when you do physical activity?</li> <li>3. In the past month, have you had chest pains when you were not</li> </ul>			Bank Address  City/State/ Zip				
doing physical	al activity?	•	City/State/ ZipBank Phone				
4. Do you lose y consciousness				ne right to apply a fo lebiting electronical	ee on any dues lly.		
□ □ 5. Do you have	a bone or joint problem that c	could be made worse by	Account holder's s		<u>Date</u>		
	our physical activity? r currently prescribing drugs (	for example water					
pills) for you	r blood pressure or heart cond	lition?	EOD				
7. Do you know of <u>any other reason</u> why you should not do physical activity?				PERSONNEL US	E ONLY		
			Couple Members	Single Membership Rate  Couple Membership Rate			
			Senior Members Family Add on 1				
Comp. 16 - 14	to defend the second	4	Locker #				
Consult with your personal physician activity or participating in a fitness pr	ogram. For your safety, the DE	Processing Fee(s					
to exercise in its facilities until we re *Your doctor may fax the Physician's	eceive a Physician's Approval I		Special Promotion				
Tour accior may jux the Fhysician S	прргочи јогт го Апенион. ГШ	TOTAL MONTHLY INVESTMENT \$					
Signature of Applicant		Date	Date: Cash/Check #				
1.			Authorized Per				

**Total Cards Made:**\_