



LA GRANGE FITNESS

Corporate Membership Application

Name of Corporation: _____

Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone # _____

E-Mail _____

My company would like to participate in the Corporate Membership Program at La Grange Fitness. Employee's will receive the membership rate in which the corporate address falls. I will be the authorized contact for all and only active employees. I understand I will need to verify employment on an annual basis.

Signature: _____

Printed Name: _____

Please e-mail the completed form to fitness@pdlg.org. Once your completed application is received, you will be contacted by staff. If you have any questions or would like more information, please contact our fitness staff at fitness@pdlg.org or call 708-588-2260.