



# LA GRANGE FITNESS

## Individual Corporate Membership Application

Name of Corporation: \_\_\_\_\_

Name of Current Employee: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

**Our company participates in the Corporate Membership Program and we confirm the above individual is currently an active employee for our company. The employee above will receive the membership rate in which the corporate address falls.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please bring the completed Individual membership application and proof of employment to the fitness center where you will present the application and fill out a membership agreement.

**Please note, the company must have a Corporate Membership application on file with La Grange Fitness.** Please check with your company to make sure we have the agreement on file.

If you have any questions or would like more information, please contact Jessica Skelly at [jessicaskelly@pdlg.org](mailto:jessicaskelly@pdlg.org) or call 708-588-2251.