



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 our fitness staff at fitness@pdlg.org or call 708-588-2260.