

# GYM MEMBERSHIP FORM

Name \_\_\_\_\_ ID # \_\_\_\_\_ Badge Exp. (mo/yr) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**You must complete the recreation waiver in FermiWorks prior to your membership approval.**  
Once this form is completed, please email it to [RecreationAndCommunityEngagement@fnal.gov](mailto:RecreationAndCommunityEngagement@fnal.gov)

_____ Annual Gym Membership	\$150.00	
_____ 6 Month Gym Membership	\$120.00	
_____ 3 Month Gym Membership	\$80.00	
_____ 1 Month Gym Membership	\$40.00	
_____ 1 Week Gym Membership	\$20.00	
_____ 1 Day Gym Membership	\$5.00	
_____ Student Annual Gym Membership (student I.D. required)	\$100.00	University Name _____
_____ Student 6 Month Gym Membership (student I.D. required)	\$80.00	University Name _____
_____ Student 3 Month Gym Membership (student I.D. required)	\$60.00	University Name _____
_____ Student 1 Month Gym Membership (student I.D. required)	\$30.00	University Name _____
_____ Student 1 Week Gym Membership (student I.D. required)	\$15.00	University Name _____

I authorize Fermilab to charge my card (signature) \_\_\_\_\_

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CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_\_ CVV \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_

Revised 6/7/22