211 N. Broadway, Suite 980
St. Louis, MO 63102
314.276.1081

Membership Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: _____ Email: _____

Birth Date: _____

Company Name: _____

Medical History

- ☐ Recent illness
- ☐ Heart attack, coronary bypass, cardiac surgery, stroke
- ☐ Abnormal resting heart rate
- ☐ Abnormal blood lipids
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Phlebitis emboli
- ☐ Pulmonary disease (asthma, emphysema or bronchitis)
- ☐ Rheumatic fever
- ☐ Light headedness or fainting
- ☐ chest pain
- ☐ unusual shortness of breath
- ☐ orthopedic problems (arthritis)
- ☐ emotional disorders
- ☐ medications
- ☐ drug allergies
- ☐ smoking
- ☐ physical inactivity
- ☐ other: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

_____
City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____